ABSTRACT
OF THE
Lumleian Lectures
ON
DISEASES OF THE MUSCULAR WALLS OF THE HEART.

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LECTURE III.

IN *fatty degeneration* the tissue of the heart is paler than natural, light-brown or buff in tint, the altered colour being most marked in spots and mottlings. Its consistence is greatly diminished; sometimes it breaks down under pressure as would a lung consolidated by pneumonia. It is often greasy to the touch. In cases depending on local causes, as obstruction to the coronary artery, a small portion only may be affected, but in the highest degree. Where the cause is a general one, the change may affect the whole organ, but be less extreme. Under the microscope, it is seen that where the disease is commencing the striæ become fainter, and small dark dots appear within the fibre; a few of these dots are not inconsistent with a tolerably healthy state of fibre. Granular degeneration of the nuclei occurs in a very early stage, as Sir James Paget has pointed out. Where the change is more advanced, the transverse markings have disappeared, the black dots have increased in size and number, and some have become transparent in the centre. Finally, the whole area is occupied by granules and fat-globules. This is not such fat as is found on the surface or between the fibres, since the globules are smaller, appear to have a mere albuminous envelope, and are extremely like the oil-globules of milk. The diseased fibres appear friable, and break up readily into small fragments. This change is found most frequently in the walls of the left ventricle, next in those of the right ventricle, then in the right auricle, and least frequently in the left auricle. It is generally more evident in the columnæ carneæ and inner layer of the muscular fibres than elsewhere.

Concerning the nature of this change, the lecturer, many years ago, in a paper in the Medico-Chirurgical Transactions, expressed his belief that the fatty matter was the result of a chemical or physical change in the composition of the muscular tissue itself, independent of those processes which we call vital. This opinion — now almost universally accepted — was founded on three groups of facts: firstly, that in dead animal matter removed from the body, the place of the nitrogenous elements is found, under certain circumstances, to be occupied after a time with fatty matter which could not have existed as such during life; secondly, that a similar change occurs in portions of dead animal matter within the living body; thirdly, that a change of albumen into fat very frequently occurs in living matter during the processes of nutrition. The change in albuminous matters out of the region of life is illustrated by the formation of adipocere. Chemists differ as to its precise origin; some thinking it is merely the remains of fat previously present as such; others, that it results from a change in albuminous matters. That the latter is the correct view is proved by microscopical examination, which reveals the normal elements in process of disappearance, and the gradual substitution for them of fatty matter which did not exist as such during life. The formation of adipocere in our preparation-jars corroborates this; healthy tissues there undergo distinct fatty degeneration. Analogous changes occur in the vegetable world. The quantity of oil in olives is increased by keeping them; and further, on a gigantic scale, in the formation of coal, a process goes on analogous in its essential nature to the formation of adipocere. In an early stage of the coal-forming processes from peat, fat can be obtained convertible into candles.

The occurrence of fatty degeneration in albuminous substances within the body was investigated by Wagner, who demonstrated its occurrence in animal substances enclosed in the peritoneal cavity. Michaelis corroborated these observations; and discovered, in the evolution of ammonia during the process, the destination of the nitrogen of the albuminous compounds. The change of albumen into fat during many nutritive processes is well known. The degeneration of cells, secretion of milk, involution of organs, and phosphorus-poisoning are all illustrations of the same process.

It might seem superfluous to dwell on these facts. Dr. Ormerod, however, has recently argued that fatty degeneration is an infiltration of fatty matter derived directly from the passing blood, or made on the spot under its influence, and that the process is not adipocerous transformation; and, further, that the fat thus infiltrated in man is oleine, and not the physiological form, margarine. But to the other instances already given incompatible with the former statement may be added the observations of Mr. James Salter, that the nitrogenous pulp in the closed cavity of a necrosed tooth becomes transformed almost entirely into fat, and that the process of fatty degeneration may be watched within the muscular fibres of certain larval shrimps preserved in spirit-and-water. Even admitting a difference of chemical composition in the fatty degeneration of the preparation-jar and of the living heart, it must not be forgotten that in the latter the fat inside cannot be kept distinct from the fat outside the muscular fibres; and so the result of chemical analysis can have little weight against the ascertained facts just alluded to.

The causative conditions under which fatty degeneration occurs are both general and local. The general states are those of impaired nutrition, starvation and analogous diseases, extreme anæmia, phthisis, cancer, acute adynamic diseases (as fever, in which it is sometimes the cause of sudden death), diphtheria, and some poisons. Among local conditions, obstruction of the coronary arteries is one of the most conspicuous. It was present in 25 out of 83 cases. The artery is sometimes found extremely ossified, and going directly to the only part of the heart affected. There are no communications between the two coronary arteries, and hence in obstruction of one no collateral circulation can be set up. Of course the disease in the arteries is itself an evidence of general impaired nutrition. Endo- and pericarditis are the local influences which frequently produce fatty degeneration. Out of 68 cases, they had occurred in 17. Possibly dilatation of the right side, and congestion of the veins of the heart itself, may have some influence. The disease is more frequent in males than females, in the proportion of 5 to 2. It is met with at all ages, but in progressive frequency as life advances. About half the cases occur in persons over 60. It is more frequent in the lower than in the upper classes. In fatty hypertrophy of the heart these proportions are reversed, and the same contrast between the two is seen in the other causative conditions.

This state usually occurs in association with hypertrophy, and so, in most cases, the fatty heart is altered in size. The new tissue is prone to decay; but in some cases increase in size may be due to an attempt at compensatory growth. The softness of texture which results is the cause of some of the most fatal accidents to which the heart is liable. The change also interferes with the function of the organ—an interference shown chiefly in the signs of diminished power. Coma, giddiness, headache, and syncope are prominent on the side of the nervous system. The latter is not seldom fatal. Out of 68 cases, death occurred in 21 by syncope lethalis. Sudden death after delivery may not improbably be due to this cause, and be an occasional attendant on the partially degenerative involution of the uterus, which must occur subsequent to its enlargement during pregnancy.

Interference with the functions of the chest is shown by shortness of breath, recorded as present in half the cases. It is sometimes of a peculiar character, as Cheyne and Stokes observed. The inspirations during each attack steadily decrease in strength and duration till they are almost imperceptible, and after a few seconds gradually increase, and go even beyond the medium to a distressing intensity, and then slowly subside. Pain was present in 26 out of 68 cases; in 16 confined to the region of the

heart, in others more widely distributed, and in some occurring together with breathlessness, &c., in anginal seizures.

The diagnosis of fatty degeneration is often difficult, because dilated hypertrophy and fatty hypertrophy produce so nearly the same symptoms. The physical signs are essentially those of weakness—the visible impulse limited, and often so feeble as to be imperceptible. The cardiac sounds are feeble, and the first is short. The pulse is always weak, often irregular, and in frequency normal, or either too fast or too slow. Such signs, together with symptoms of cardiac weakness—breathlessness, faintness, and pain,—in a person of advanced years who presents other evidence of systemic degeneration, or in a younger person during some chronic disease, may lead us to assume more or less justly the existence of the lesion. In treatment we must bear in mind the cause of the affection. When due to a general state, we may hope to do good by tonics; but when caused by a local condition, we can only lessen the trouble by imposing as little as possible on the weakened heart; let the conditions in which it works be as healthy as possible, by attention to secretions and hygienic measures. And further, as Dr. Fothergill suggests, strengthen such fibres as remain by the administration of digitalis. Many cases will improve considerably.

Rupture of the heart may be said never to occur spontaneously when the heart is healthy. The nature of the morbid change has been variously described; most commonly it is fatty degeneration. The rupture itself is sometimes barely large enough to admit a probe; sometimes it is an inch or more in length. It may be longer on the outer or the inner surface. There may be more than one. The edges are jagged and irregular and sometimes ecchymosed. Where the rupture is due to abscess or ulceration these appearances may be different. Among causative conditions the influence of age is conspicuous. Out of 88 cases 63 occurred in persons over 60 years of age, 33 between 60 and 70, and 24 between 70 and 80. The two sexes are affected with equal frequency. It usually occurs at the moment of making some effort or at a period of mental excitement. The final attack is sometimes preceded by symptoms referable to the heart, but in most of the cases no such symptoms are mentioned. The lesion itself, where the patients have lived long enough to describe their sensations, has always been marked by intense cardiac suffering, more or less distress in breathing, restlessness, rapid and irregular pulse, faintness, pallor, coldness of skin, sometimes vomiting, and various nervous symptoms. The duration of these symptoms varies: out of 100 cases death was sudden—that is, within one or two minutes—in 71. One patient, however, lived eight days, one six days, one three days, and five lived over 48 hours. These differences depend partly on the size, partly on the seat of the opening, whether in the septum or outer wall. The process of tearing through may be very slow. The physical signs at the time of the rupture, so far as they could be ascertained, were some increase in the amount of cardiac dulness, muffled distant sounds, and weak and intermitting pulse.

Comparing the seat of rupture in 100 cases, we find the left ventricle was ruptured 76 times, 45 of which were in the anterior wall; the right ventricle 13 times, 9 being in the anterior wall; the right auricle 7 times, the left twice; the septum 4 times. These numbers accord with those of Elleaume and other observers.

The state of the cardiac walls permitting the rupture has been described as softening, ulceration, fatty degeneration, and interstitial hæmorrhage. Out of 100 cases the heart was the subject of fatty degeneration in 77; in 6 it was "softened." In one case the rupture was due to the bursting of an aneurism, in one to an abscess. In 12 the heart was said to have been healthy, or not examined; but in most, mention is made of endocarditis or changes in the coronary artery. No doubt its immediate cause is always some undue strain. When there is a small spot of extreme softening the contraction of the adjacent healthy fibres may produce the rupture. In nearly all cases blood escapes into the pericardium, which separates into clot, surrounding the heart, and serum filling the cavity.

As far as we know rupture is always fatal. Wounds of the heart occasionally heal, but then they have occurred in healthy organs; rupture only in those already extensively diseased. In treatment, the great object should be to secure complete rest, and to avoid any active treatment which might excite the heart, such as was adopted in a case of rupture recorded in THE LANCET last year, in which two emetics were given, one of mustard and the other of ipecacuanha.

Aneurism of the heart consists of a pouch or sacculus situated in the substance of the muscular walls, or projecting outwards, and forming a tumour on the exterior, communicating with one of the cavities. A case was published by Galeatti in 1757, and since then many have been recorded and memoirs have been written. The external shape of the heart is sometimes normal, but usually altered and irregular; a projecting tumour existing at one part which may be so large as to produce the appearance of a double heart. There may or may not be a constricted neck to the sac. The walls of the aneurism are formed of the thinned and altered cardiac walls, all the layers of which may generally be detected near the base, but in many cases over the rest of the wall the muscular layer has disappeared. Occasionally bony plates are found in the sac. The aneurismal swelling may be adherent to the pericardium over the whole or part of its extent.

This affection seems to occur with nearly the same frequency at different ages. Out of 56 cases collected nearly the same number died in each decade between twenty and seventy. Of the same number 39 were males and 17 females; and in the statistics of Thurnam and Hasse the preponderance of males is equally marked. Concerning the mode of origin of this lesion various opinions have been held. Probably some cases originate in inflammation, either by the mere softening of the wall, or the production of a fibroid cirrhotic state which yields to the internal pressure, or by the bursting of an abscess into the cavity, the sac of the abscess constituting the aneurism. Fatty degeneration may also give rise to aneurism either by causing local softening, which permits dilatation, or by permitting hæmorrhage into the wall, from which a cyst may be produced that shall ultimately communicate with the interior of the heart. Whatever be its origin, there is invariably some chronic thickening and induration about it, and a considerable development of fibroid tissue in its walls.

With regard to the seat of the lesion, in all 304 cases are available for comparison, including those recorded by Thurnam, Hasse, Lobh, and Hartmann, of which 138 were at the apex, 101 at the base, and 64 at the intermediate part. Rokitansky suggests that the frequency with which the apex suffers is due to the proneness of this part to be affected with chronic myocarditis.

Symptoms were absent in 13 out of the 56 cases. When present they consisted of pain, dyspnœa, lividity, palpitation, and irregularity of pulse. In 10 cases murmurs were present. Thus the symptoms are not special, and it is only in rare cases that by a peculiar extension of cardiac dulness the existence of an aneurism might be guessed at. The result is usually death, either slowly by embarrassment of the heart's action, or suddenly by rupture of the sac. Rarely it may undergo conservative changes, as in a case recorded by Dr. Wilks, in which the walls of the sac had become bony, and its cavity been filled up.

NOTES OF VISITS TO FOREIGN BATHS.

BY JOHN MACPHERSON, M.A., M.D.

THE following notes refer to a tour taken last autumn, in which some of the German baths less frequented by the English were chiefly visited.

I.—GENERALITIES.

I had occasion to make the acquaintance of many of the bath doctors, and was much struck with their general intelligence, and pleased with the freeness with which they discussed the operation of their own waters. Few of them, however, appeared to me to take extended views of the subject of balneology; they knew a little of other baths employed for the same complaints as their own ones, and knew something of the baths which they could recommend after their own as after-cures, but their knowledge did

not seem to extend much further, nor did they seem to take much interest in the subject in its general relations. One very general subject of complaint among them was, the imperfect selection of cases sent to them for treatment. I thought at first that this might refer only to cases coming from England; but they told me that their own practising physicians and professors constantly sent them the most unsuitable cases.

Then, when such cases came to them, the difficulty arose, how they were to act: were they at once to declare to the patients that their doctors had made a mistake in sending them there, or might they not discover that, in some respects at least, their own baths might be found useful? Most mineral waters, if they do not happen to be very powerful ones, are applicable to so many different and varied conditions that they easily supply an excuse to a medical man for making a short trial at least of his own waters on those who have been sent to him. In such cases they usually endeavour to make up by some more purely medical treatment, or by the use of waters from other sources, for the shortcomings in their own spring in the treatment of a case for which it is not specially adapted.

I was on more than one occasion asked to explain why English women required to use a so much larger amount of stimulants than foreign ones. I was told that English patients constantly asked their doctors why they did not order wine, saying at the same time that their doctors at home always ordered them a large proportion of stimulants. I could only reply that such had often been the practice of English doctors; that I thought, as a rule, they ordered a larger amount of stimulants than was necessary; and that I believed the practice was less frequent than formerly.

Some intelligent men informed me that they were very much struck with the complexity of the prescriptions of English physicians, and hinted that they saw in this the remains of the faith of former days in the attempt to fulfil half a dozen indications at once; they considered that their own prescriptions were far simpler, more direct in their object, and consequently more scientific.

I had a variety of amusing and, I may say, instructive conversations with many invalid habitués of baths, some of whom knew my medical character, others did not. They gave most curious pictures, how they tried one doctor after another, sometimes were in consultation with two or three of the first London physicians, then fell into the hands of homœopathists, and next took to watering-places. One patient in particular told me how, after going through a two-years' course of this sort of thing, he had been sent to Aix-la-Chapelle for cure, and to St. Moritz for after-cure. It was at the latter place that I saw him. He had got perfectly well, according to his own account, at Aix, but got ill on his arrival at St. Moritz; had been there for three weeks with constant bilious headache, and was told, for his consolation, that he was only suffering from the effects of rarefied air, and would get better whenever he left St. Moritz, if he were once strong enough to leave it; he was staying on only in hopes of being able to get away. Among other of his experiences he told me, as such unfortunate invalids do, that he had heard of the harbour master of Hong-Kong, or other such place, having been cured by Lisdunvarna in the west of Ireland. Accordingly he tried it, but left it dissatisfied, not so much with the waters as with the society of the place, and assured me it was "the most God-forsaken place he had ever visited." I was also struck with the number of unhappy patients who suffered from the terrors of albuminuria. Many of them had been condemned by their doctors to very speedy death, but some who had survived for twenty years, began to suspect that the importance of slight traces of albumen in the urine had been exaggerated.

It was freely admitted to me at various baths by the doctors themselves, or proved to me convincingly by the doctors of other baths, that in many cases patients believed themselves to be cured by particular mineral waters, whereas a great portion of the cure depended on the exhibition of medicines. This was more particularly the case with regard to syphilis. Many a patient cured at a sulphur bath in reality owes his cure to mercury, especially in the form of inunction. Again, iodine is used freely in cases of syphilis and of scrofula; and I doubt whether there are any so-called iodine waters the operation of which is not, in certain cases, increased by the artificial addition of that substance. This is particularly the case in some of the Swiss and Tyrolese baths. As regards the patient, if he is really cured it does not matter very much how the result is brought about. As regards medical science, this should be more generally known.

Some questions about early phthisis were occasionally discussed, and I must say that the bath doctors generally seemed to me to speak with much fairness. Whilst almost all recommended a summer visit to the mountains, supported by the use of a milk or whey diet, few of them had much faith in the efficacy of the weak alkaline springs once so much lauded; few seemed to have much confidence in the effect of mere residence in very elevated localities, especially of winter residence in such places. Then there was the question whether Germany has any place to offer as a winter resort to invalids. It has been attempted of late years to recommend Wiesbaden in that way, and some places in the Taunus, which are probably better; but the general impression was that Germany, with the cold of its continental climate, did not anywhere offer a climate suitable for phthisical patients in winter. The very charming Meran, which indeed has a cold enough climate, cannot be counted an exception to this, for on the southern slope of the Alps it is more Italian than German. Germans themselves are being convinced that if they are to enjoy the advantages of a mild winter climate they must seek it beyond the borders of their own country.

One other general observation I shall make on the immense increase of bathing establishments in Germany. There is now scarcely a considerable village in any tolerably picturesque part of the country, however deficient it may be in mineral waters, that has not its cold and vapour baths, its pine extract, its baths of herbs, and its electrical baths. Pure hydropathic establishments and treatment are less frequent. Most of the new baths now alluded to are in fact lodging-houses with *table d'hôtes*, in which you need not undergo treatment unless you like. A good table is what patients look for in such places, and a good table will confirm the reputation of an establishment more than the most scientific treatment; but it is in this matter of diet that such institutions are apt to be defective. I was repeatedly warned in this sense against becoming an inmate of one of them. I observed generally very few changes from former years as to diet. The table is excellent in most of the larger ones, but there are many crowded baths, as Schwalbach, in which it has not reached the proper standard. English patients still complain of the want of *table d'hôtes* at Carlsbad, and in Austrian baths, where the physicians endeavour to control the diet of their patients more rigidly than they do in the baths nearer the Rhine. There are advantages as well as disadvantages in this, but it is certain that with most patients those baths will be most popular where they are fed most comfortably.

Braun's book on Balneology was a frequent subject of conversation. Its general excellence was admitted, and its value in analysing the various elements the application of which leads to the successful practice of balneological medicine. Many thought, however, that he went too far, and that, while he pointed out the weak points in some baths, he over-estimated the value of his own ones; and, after all, in the case of certain waters, retained a faith in them for which he could give no rational explanation.

The great majority of the doctors were of opinion that their waters were endowed with virtues beyond what their mineral constituents and their temperature explained—virtues best known to those who were most familiar with their employment. I cordially agreed with them in one point—that it was a mistake in physicians sending patients to particular baths to prescribe positively the spring to be drunk, the quantity of the water, and the period over which the cure is to extend. Although bath doctors are apt to prescribe too extended a course of their waters, still they can on the spot form a judgment on the subject on grounds which are not before those at a distance.

HOSPITAL SUNDAY IN BIRKENHEAD.—Collections were made on Sunday, the 17th ult., in the churches and chapels of Birkenhead and neighbourhood, in aid of the funds of the Birkenhead Borough Hospital. The amount realised, so far as the returns have yet been made up, is £380.

REMARKS ON THE RECENT EPIDEMIC OF SMALL-POX IN BRIGHTON.

BY J. HARRIS ROSS, M.D., C.M.

(*Concluded from page 429.*)

I SHOULD like to say a few words with regard to the variety of small-pox called the black pox. This is a variety of which very few medical men have, I think, seen many examples. I have had a model made, so as to give those who have never seen a case some idea of what it is like. A very good description of this form of the disease is given by Dr. Collie in THE LANCET for Sept. 23rd, 1871. I have seen about a dozen cases of this variety, and have tried all sorts of remedies — stimulants, as brandy and ammonia; depressants, as antimony and nitrate of potash; warm baths, tincture of muriate of iron in twenty-drop doses every two hours, sarracenia purpurea, &c. &c., but without the slightest benefit; and I now, whenever I see a case, tell the friends the patient will die, and that shortly. I was called last winter to see a case in private practice, where they had no idea it was small-pox, and would hardly believe me when I told them so, and that she would die very soon. The patient was a woman forty years of age, and died within eighteen hours of the time I first saw her. Had I not been interested in small-pox at the time I should most likely have diagnosed purpura, given a favourable prognosis, and got myself into disgrace. On careful inquiry after her death, I found out that her son, a lad of sixteen, had, about a fortnight previous to her illness, had what he called a few little boils about him, and on examining his body there was no doubt he had had an attack of modified small-pox.

A very interesting case was that of A. B——, a girl aged nineteen. She was admitted to the fever ward Nov. 4th (the fever ward at that time was under the same roof as the small-pox ward) with scarlet fever. On admission she was suffering from profuse menorrhagia, which at one time made me suspect a miscarriage. She recovered well from this, and was barely convalescent from the fever before she was admitted (on Dec. 16th) to the small-pox ward with variola of a confluent form. She was unvaccinated. She, however, made a good recovery, and was discharged well on Jan. 28th. As she had no home, she was admitted to the body of the workhouse. On Feb. 14th my attention was again drawn to her, as a rash had been noticed upon her. On examination I found her covered with a copper-coloured rash, an ulcerated throat, enlarged glands — in short, all the symptoms of secondary syphilis. Under the use of calomel baths she rapidly recovered. The curious part of this case is that, as she could have had no opportunity of contracting syphilis in the workhouse, the syphilitic poison must have remained dormant in her system for over three months.

Of the cases sent in as small-pox, but which turned out not to be so, three proved to be measles. Two were typhoid fever cases, both patients contracting small-pox. They were admitted Nov. 8th, and the small-pox rash appeared on Nov. 23rd in one and Nov. 24th in the other. They were both unvaccinated. Both had confluent small-pox, and both ultimately recovered. Another was nettle-rash, a case which I have noticed in another part of my paper. Two turned out to be scarlet fever: one of these, admitted Nov. 4th, contracted small-pox, which appeared Dec. 10th; the other came in on Jan. 4th, was sent out on Feb. 10th, and was readmitted with small-pox on Feb. 26th. Two proved to be nothing but acne. One of these, a man, was in the wards seven days, for he did not appear anxious to go out; he had no mark of vaccination, so I vaccinated him in three places, all of which took and formed perfect vesicles. One case had chicken-pox, one a bad cold, and in one I could make out nothing the matter.

On the other hand, I myself sent a case into the fever ward as scarlet fever which in two or three days turned out to be small-pox. This man had a very bright scarlatinal rash, a high state of pyrexia, and sore-throat, all of which subsided in a few days, and left him with about thirty spots of variola.

With regard to the influence of small-pox upon the gravid uterus I am not in a position to say very much. What I have seen appears to me to be rather contradictory. Two women were admitted in the seventh month of pregnancy; both had modified small-pox, and both were discharged cured in their eighth month, with instructions, if there was anything wrong with their children at delivery, to let me know. As I have heard nothing I presume they were both delivered of healthy babies. A woman was admitted on Feb. 18th, 1871, with confluent small-pox who was seven months pregnant. This woman was prematurely delivered on the third day after admission, and died one hour afterwards. She was unvaccinated, and previous to death the vesicles, which were very numerous all over the body, turned of a peculiar whiteness, something like a wax candle. The fœtus in this case was much decomposed, but I cannot say I could recognise the eruption of variola. A woman was admitted in January who had been delivered three days previously of a still-born child. She said she was seven months gone, and that the only mark on the body of the child was a little blackness on the head. A case worth notice occurred in my private practice. A young man had confluent small-pox, and his wife, also young, who was seven months pregnant of her first child, was, of course, anxious to nurse him. I revaccinated her, and although she was constantly in the room with her husband, night and day, she did not contract the disease. As the father was but just convalescent, I vaccinated the baby the day after it was born, but without effect. Next my assistant did it, when it was again a failure. I then thought I would do it direct from the arm, so I had the child brought to me when I had another to meet it, and this time it only took in one very small place, and that anything but a satisfactory vesicle.

Treatment.—With regard to this I do not know that I have anything new to advance. Small-pox is one of those diseases which will run a certain course, and no drug with which we are acquainted appears to have any special influence upon it. Sulphurous acid has been spoken of as efficacious in cutting short small-pox; but as the results of treatment by its use appear to be no better than those which have attended my own plan, I must still believe what Dr. Aitken says—namely, that "small-pox will run its course, being under the influence of no specific." In the modified and uncomplicated confluent cases I placed the patient on a diet consisting of three ounces of bread and three-quarters of a pint of milk for breakfast, three ounces of bread and a pint of beef-tea for dinner, two ounces of bread and a pint of tea for tea, and two ounces of bread and half a pint of beef-tea or Scotch broth at ten o'clock at night. This, with plenty of fresh air, cleanliness, and a simple saline mixture, was all the patients had until they were sufficiently well to take No. 2 diet, which was five ounces of bread and a pint of tea for breakfast; five ounces of cooked meat, two ounces of bread, and eight ounces of vegetables for dinner; five ounces of bread and a pint of tea for tea; with a quarter of a pint of beef-tea or Scotch broth at 10 P.M. I generally added a pint of ale or porter to this diet. As soon as they were sufficiently well the patients had a warm bath with some disinfecting fluid in it, every other day; and before they left the building their own clothes (which were taken from them when admitted, and which had been properly cleansed and disinfected) were returned to them. I only heard of one case which could in any way be traced to contagion from a patient who left the building. They were allowed milk, lemonade, or cold water to drink during the night.

With regard to the use of stimulants, I believe that in ordinary cases it does more harm than good; but of its value in complicated cases I have seen marked instances. A very useful remedy in delirium, which so often accompanies confluent small-pox, I found to be—one ounce of brandy, thirty minims of nepenthe, and a little warm water. I have seen patients raving and running about the wards who, within an hour of taking this dose, were in a quiet slumber, and were invariably better the next day. I have tried chloral repeatedly, but have not found it answer anything like so well as the brandy and nepenthe. In severe cases I believe alcohol may sometimes do harm. A young woman was sent in with confluent small-pox of a very severe character, who had been taking brandy and port wine every three hours. She had no sleep for several nights, and was very delirious. I stopped all stimulants, put her on a simple farinaceous

diet, and had the satisfaction of learning on my next visit that she was much more comfortable, had passed a fair night, and had not been nearly so delirious. She ultimately did well.

Upon the complications of small-pox and their treatment I need not dwell, as every case requires to be treated on its merits.

There is one more subject I should like to make a remark upon. Can anything be done to prevent pitting? Well, I have seen all sorts of things tried—collodion, solution of gutta-percha in chloroform, strong solution of caustic, &c.; but I cannot say that anything appeared to me to have any effect, except keeping the room dark. The wards were kept dark by green blinds, and I believe this is the only plan that has any influence on the pitting. It has been advised by a recent writer to touch all the pustules with strong carbolic acid by means of a camel's-hair brush; but I cannot help thinking this a rather dangerous experiment in a severe case of confluent small-pox, for I believe it would increase the inflammatory condition of the skin, and also the tumefaction and swelling which is always so severe in these cases. In the hæmorrhagic variety I think plenty of ice, with twenty-grain doses of gallic acid every two hours, the best treatment.

I cannot conclude this paper without a word of praise to the Board of Guardians and the Sanitary Committee and Inspectors of the Town Council. The former, on the first appearance of the epidemic, set apart a building containing fifty beds for the admittance of cases of small-pox; appointed me a special medical officer to take charge of such wards; admitted all comers (provided there were empty beds), whether they were destitute or not; and also instructed the public vaccinators to vaccinate and revaccinate all applicants. The sanitary inspectors were also instructed to hunt up and try to remove all cases, and also to see that the houses were in every instance properly disinfected. I think it is entirely due to these active measures that Brighton has had the good fortune to stamp out this loathsome disease; for although so near London (where the disease continues with unabated severity), no case has occurred in the town since the middle of August last.

CASE OF EXTENSIVE MUTILATION BY MACHINERY; DEATH.

BY HENRY NICHOL, M.R.C.S., L.R.C.P.

JOHN C——, aged nineteen, a farm labourer, of thin build and middle stature, belonging to Aldreth, a hamlet of the parish of Haddenham, on August 30th, 1871, whilst engaged as driver to a reaping machine, was thrown from his seat among the knives of the instrument, which completely severed the left hand from the wrist, and caused a compound fracture of the humerus in the upper third of the bone. Immediately after the first mutilations, as I conjecture, he was impelled upon the fingers of the machine, his head coming in contact with them, and inflicting a wound of the scalp and upper part of both tables of the left parietal bone. The brain beneath it was, as we supposed, pulpified to a great extent, and portions of that organ protruded at the external opening. He also received by the same instrument several severe contused wounds of the left hip, and one in the left hypochondriac region, three inches in extent, exposing the descending portion of the colon. At 1 P.M. Mr. Davie joined me in consultation; and though our hopes of his recovery were not sanguine, yet we thought he ought to have the chance given him, small as it was, by transfixing the maimed extremity, which I at once performed by amputating the limb near the shoulder-joint. He bore the shock of the operation well, notwithstanding the prodigious loss of blood which he sustained after the section of the wrist, the cut wound being as clean as if it had been done by the sharpest knife. The hæmorrhage was suppressed by compresses of rags and handkerchiefs, which were freely used by the bystanders. Fortunately for him, there was little loss of blood from operative proceedings. The wounds of the stump and external coverings of the abdomen were adjusted with suitable dressings, the wounded brain returned within the calvaria, and the wound dressed with water dressings. He was removed to bed, and kept in a state of rest and quietude, with a prescribed diet of tea and gruel.—7 P.M.: Complains of great pain of head; pulse 86; the amputated arm and wounds of body quite easy.

Aug. 31st.—Had a very restless night. Has intense pain of head; is slightly delirious; pupils of both eyes widely dilated; bowels confined; tongue slightly furred; pulse 108. A saline aperient of sulphate of magnesia was given him, at repeated intervals of four hours, until the bowels were acted upon.

Sept. 1st.—Had a sleepless and very restless night; great heat and pain of head; dilatation of both pupils; profuse discharge of pus from wound of brain; bowels once opened; pulse full, 104.

2nd.—Passed a better night; the delirium less; wound of brain has discharged very freely; left side of face and head much swollen, extending from scalp wound, in a downward direction, over the upper part of the occipital bone, and feeling very quaggy to the touch; tongue furred; pulse 94, full and bounding; respiration 22; bowels inactive. He complained of great weight at the top of his head, as though it would burst. Repeat the aperient mixture.

5th.—The excitement of brain much greater during the night; constant delirium, and his ravings and ejaculations were distinctly heard by the neighbours at the distance of a hundred yards, requiring restraint to keep him in bed until an early hour in the morning, when he suddenly fell into a sleep; increased temperature of skin of head; very copious discharge of pus and brain matter, and immobility of right upper and lower extremities from paralysis. He has had a free action of the bowels; urine voided involuntarily; pulse 104. The slightest pressure over the wound of head will occasion inordinate dilatation of pupil of each eye. To-day allowed mutton-broth, arrowroot, and claret; at night, twenty minims of tincture of opium and one ounce of camphor water.

6th.—Had a better night, being quieter; pulse 96; dilatation of pupils and strabismus of right eye. His articulation is most painful, being hardly able to utter a word; tongue furred; bowels well opened; wound of head has a very unhealthy appearance, and discharges abundantly. Solution of chloride of lime is used to remove effluvia and other unpleasantness. Ordered solution of acetate of morphia, twenty minims; camphor water, one ounce: to be taken the last thing at night.

9th.—Night passed in sleep and rest; but from his partially unconscious state he takes very little notice of any question put to him, and his only answer is "No"; sordes of teeth and gums; brown furred tongue; pulse 98. The fetor arising from the wounds of head is very offensive. Instead of the water-dressings, I have used carbolic acid.

10th.—Perturbation and great restlessness, screaming aloud during the early part of the night, together with convulsive movements of stump and face, continuing until an early hour of the morning; diarrhœa; brown furred tongue; sordes of teeth and gums; involuntary action of bowels and renal organs; contracted pupils of both eyes; pulse 100. He refuses food and sustenance of any kind, and cannot be prevailed upon to take any. He is evidently lower and more depressed; wounds dressed, and there was a great discharge of pus and decomposed brain-matter; stump wound and other wounds of body in a healthy and healing condition. Carbolic acid used as before. The poor fellow now seemed revived, and sufficiently conscious to express a hope that death would soon terminate his sufferings. The lower part of sacrum is very tender, and looks suspicious of latent consequences; cotton wool applied to it, and retained by adhesive plaster. The night-draught of acetate of morphia is increased to half a grain for the dose, which I find an indispensable requisite in quieting the nervous system.

17th.—Had a more restless night than the two previous nights, which I attribute to bed-sores upon the sacrum, right arm, and shoulder, which are protected by cotton wool, and retained by plaster. In addition to the daily emissions of fetid pus and decomposed brain-matter, there has been for the last few days eruptions of serum from the same part. The stump wound and others are approaching a state of cicatrisation; the more superficial ones are healed. For some days an addition of egg and wine has been admin-

istered to him. The anodyne draught continued as usual, which I consider checks the disposition to diarrhœa and quiets the brain. The great tenacity of life and powers of endurance in this youth are such as I do not remember ever before to have witnessed in a patient, as well as the incomparable efforts of nature to restore vitality and resuscitate wasted power.

20th.—At 4 P.M. I was summoned to him, having lost a large quantity of blood from a wound of the brain. His countenance was blanched, the physical powers prostrated, and the pulse scarcely perceptible. The hæmorrhage was arrested before I reached him; and I left him with little hope of again seeing him alive.

21st.—Had a second eruption of cerebral hæmorrhage, and at 7 A.M. he died.

Sectio cadaveris (22nd).—Upon reflecting the scalp, and detaching the upper part of the cranium, a wound was brought into view, two inches in length and from a quarter to half an inch in width at its middle part, extending through both tables of the parietal bone, and splintering the inner table for half an inch in extent, its spiculæ penetrating the substance of the brain. The internal and external surfaces of the dura mater were in a normal condition; the superior longitudinal sinus was empty, and there was about an ounce of serous fluid between the inner surface of the dura mater and the tunica arachnoides. The tunica arachnoides and the pia mater were highly inflamed in every part; the right hemisphere of the cerebrum was in the highest state of inflammation throughout its entire substance. The left brain was inflamed like its fellow; the anterior, middle, and posterior lobes were occupied by a deep excavated abscess, its cavity holding six ounces of fluid. The edges of this abscess were dark and sphacelated, and its entire hemisphere decomposed. The ventricles contained a small quantity of fluid. During our explorations we have not been enabled to ascertain from what source the cerebral hæmorrhage issued. Cerebellum pale and softened; medulla oblongata in a healthy condition.

Haddenham, Cambs, Jan. 1872.

REMARKS ON A CASE OF EPILEPSY AND DELIRIUM TREMENS.

BY JOHN MOIR, L.R.C.P. EDIN., &c.,
DISTRICT SURGEON TO THE DUKE OF SUTHERLAND.

ABOUT 8 A.M. on Sunday, Jan. 14th, I was called to see Mr. B——. The messenger instructed me to hurry as fast as I could, as, though the patient was only a short distance from my residence, he did not think he could live till I got there. I learned on my arrival that his illness was first noticed by his housekeeper at five o'clock that morning; she heard him groaning, and on going to his bedside found that he could not articulate distinctly; she could not understand what he was trying to say, and suspected an attack of paralysis.

From the previous history of Mr. B——, and particularly that of the past month, I was led to form the opinion that the case was one of excessive indulgence in ardent spirits. His tongue was extremely swollen, dry, and of a bright-red colour, filling almost the whole cavity of the mouth, so much so that he could not put it out past the teeth; nor could I see anything of the state of the fauces. He could swallow fluids only with the greatest difficulty, solids not at all. I ordered him twenty-grain doses of bromide of potassium in an infusion of angostura bark and quassia every four hours, mouthfuls of iced water, an occasional drink of coffee and milk, and hare soup, as beef-tea was not to be got at the time. At 4 P.M. he had a very severe epileptic fit, and bit his tongue badly; it lasted upwards of half an hour, and on coming out of it he said he felt better, and his articulation was certainly very slightly improved. He had no more fits, and during this day he had broken snatches of sleep, starting up every now and then, but was quite sensible until night, when sleep left him and delirium tremens set in violently. On Monday, Jan. 15th, he continued the same remedies, as also during the night and on Tuesday morning. His tongue was now much better; he could put it out a good way, and articulate distinctly enough to be thoroughly understood, sometimes quite distinctly, and occasionally talked sensibly for a minute or two, but got now no sleep whatever. At 2 P.M. on Tuesday I therefore ordered him twenty-five grain doses of chloral hydrate in simple syrup every four hours. After the first dose he got little relief; but after the second, at 6 P.M., he slept uneasily for a good while, so that I deferred the third dose until midnight. Unbroken sleep followed, and on awaking the hallucinations were very slight; they gradually passed off during the forenoon, and did not return. A dose of chloral was given at night only for the next two nights, but, as the patient complained greatly of soreness and pain at the cardiac orifice of the stomach as if it was raw, and spasmodic contraction at every time food either solid or liquid was passing into the stomach, I ordered him a twelve-ounce mixture of bismuth, tincture of nux vomica, and infusion of gentian, which speedily relieved him entirely of the pain and spasms. By careful attention to diet, rest, &c., in four or five days afterwards he was able to get up a little each day, and then to go out for a short walk, until in the latter end of February he resumed his usual occupation, and has since continued in a very fair state of health.

Tongue, Sutherlandshire, 1872.

PARTICULARS OF A CASE OF SUNSTROKE,

Recorded by the Patient,

W. C. S. CLAPHAM, M.R.C.S.,
SURGEON TO THE TELEGRAPH SHIP "HIBERNIA."

ON our way out from London to Australia in the autumn of last year I experienced an attack of sunstroke, and think the following particulars in connexion therewith worthy of record:—

On the 13th of August, when in lat. 16° 23′ N. (the declination of the sun being 13° 48′ N.), I was troubled with a hot, dry skin, great pain and fatigue in the limbs, and extreme drowsiness. This was followed two days after by a sharp rigor about 5 P.M., with faintness and nausea; temperature of skin 104·2°; pulse 120; tongue white, parched, and dry; great pain in the head, stomach, and back; and a feeling of tightness across the chest below the eighth rib, aggravated by a full inspiration. Profuse perspiration occurred next morning, and the skin temperature was reduced to 100·2°. I turned out, had a salt-water douche, and went on deck; but another rigor speedily occurred, with aggravation of all the symptoms detailed above, hot and sore eyeballs, injected conjunctivæ, contracted pupils, swollen face, intense thirst, and excruciating headache. I applied an evaporating lotion to the forehead, and after sunset the pain decreased. I slept under an awning on the quarter-deck that night, and next morning found the temperature 102·4°, and the pulse 100. I also experienced great pain extending down the spinal cord, branching off and encircling the body in two distinct lines, one following the course of the eighth intercostal nerves, and the other that of the first lumbar, ilio-inguinal, and hypogastric nerves to their ultimate distribution. Dizziness in the head increased when in the upright posture, or if I attempted to read. Urine small in quantity and frequently passed, containing phosphates, but no albumen. Profuse sweating of the upper half of the body now occurred, of a peculiarly disagreeable odour; the bowels had been closed for two days, but were relieved by an ordinary purgative. On the 18th we crossed the Line. My pulse was next day 92 and temperature 101°, and I had great pain and aching all over the body and limbs. I put a large mustard plaster over the hypogastrium, slept well all night, and during the next forty-eight hours was much better in all respects, with a decreasing pulse and temperature. A relapse occurred in consequence of resuming duty too soon; but on the 21st, having had several salt-water douches and remained in my berth, I returned to duty, the pulse numbering 74 and the temperature being 98·6°. The treatment consisted mainly of salt-water douches, slop diet, occasional sinapisms, and stimulants, which last were commenced early, as prostration came on very rapidly. I can

offer no explanation of (as I conceive) the most interesting feature in my case—namely, the exactitude with which the annular distribution of the pain could be localised, and the peculiar course that it took. During the period of my illness the temperature of the air in the shade ranged from 76° to 84°, and on the day of the attack the thermometer stood at 82° Fahr.

March, 1872.

CASE OF TWIN PREGNANCY; BIRTH OF AN ANENCEPHALOUS MONSTER WITHOUT ARMS, SHOULDERS, OR THORAX.

By J. HOLMES JOY, M.D.

I WAS called at midnight on December 21st by Dr. Page to see Mrs. L——, who had been delivered of a healthy male infant seven hours before. He had been struck by the apparently undiminished size of the woman's belly immediately after the birth, and as he could not feel the placenta, feared intra-uterine hæmorrhage might be going on. The pains, however, continued violent, and as the pulse gave no indication of loss of blood, he waited for some time, when, upon making an examination, he felt an elastic flesh-like body presenting at the os uteri, but which bore no likeness to any normal presentation, and was apparently almost uninfluenced by the violent uterine efforts which continued incessantly. At this period I was called in, and upon making a vaginal examination, I found a large dense elastic mass occupying almost the whole os uteri, and jamming the cord against the right lip in such a way as to prevent my following it further. The examination gave so much pain that I proposed to administer chloroform before repeating it. This done, I gradually introduced my whole hand within the uterus and found that almost the entire cavity was occupied by the tumour, which, bearing no resemblance to any normal presentation, I concluded to be a mole or polypus, probably attached at one side to the uterine wall, and preventing the descent of the placenta. (I should mention that the stethoscope applied by Dr. Page after the birth of the first child gave no indication of the presence of another.) After some fifteen minutes of gentle but firm and persevering effort, I succeeded in insinuating my hand between the tumour and the uterine wall, always keeping the cord as my guide, and at last I found the placenta jammed against the fundus, and firmly adherent to it. The tumour hitherto felt fleshy and devoid of definite shape, but upon reaching the fundus I found that part of it not occupied by placenta filled by a prolongation of the tumour, in which I distinctly recognised a fœtal foot but could only feel *two toes*. I now endeavoured carefully to detach the placenta, but in vain; and, aided by the uterine contractions, at length withdrew my hand, now quite benumbed, examining during its extrusion the whole continuity of the tumour, but failed to distinguish either head or arms, though I felt an anus-like orifice near the centre of the mass. We now suspended the chloroform, and shortly afterwards, as the pains had ceased, we gave a couple of doses of ergot. The pains soon recommenced with great vigour, and upon making another examination I found that the tumour was descending slowly, though still apparently attached to the uterine wall. The propriety of using forceps was discussed, but besides that the time for it had not yet arrived, I did not think it feasible, as we could only introduce one blade (at the detached side of the tumour), and this would be useless without its fellow. Accordingly I again endeavoured to insinuate my fingers between the tumour and the uterine wall, keeping the patient again under chloroform, notwithstanding which the extrusive efforts became quite terrible to witness, and we even feared a rupture of the uterus might occur. The mass, however, made distinct though slow advance, (aided by my fingers which were grasping what part of the tumour they could compass), and after about three hours of these violent expulsive efforts, a bright red mass appeared at the vulva, and was gradually extruded. As it advanced we were surprised to find some resemblance to a fœtus, and to see a short piece of funis, about one-fourth the thickness of the other which still hung out of the vagina, depending from a tolerably well-formed umbilical aperture. Then appeared a penis, but no scrotum, and next two ill-shaped legs, ending in two-and-three-toed feet respectively. There was no trace of arms, scapulæ, or head, but a wide and well-marked cicatrix occupied the truncated end of the body. A little bleeding followed the complete extrusion of the fœtus, and Dr. Page now introduced his hand, following the cord up to the fundus uteri, and gradually detached the still adherent placenta. He then applied a binder, and administered forty drops of laudanum, when we proceeded to examine the after-birth and fœtus.

The placenta was large, single, with two umbilical cords united to each other for about two inches from their placental insertion, and thence separate; the one, that of the monster, being less than one-third the normal size; but the orifices of the umbilical arteries and veins were distinctly visible. The placenta was entire, except where its surface had been slightly lacerated in detaching it from its uterine adhesions.

The fœtus weighed nine pounds and a half. The part which first passed through the vulva was like a large cone of raw beef, and may not inaptly be compared in shape and colour to a gigantic glans penis. It was about the size of a melon, four and a half inches in diameter, and for some four or five inches in depth was devoid of epidermis, which bounded it in a circular manner, and was continued over all the remainder of the fœtus. This cone felt just like a fleshy mole, and I think the idea formed at my first examination was a not unnatural one under the circumstances, though it turned out erroneous. The part of the fœtus from the edge of this skin boundary to the navel was in shape like a fœtal full-grown trunk, but I could feel no ribs, nor see any sign of scapulæ, clavicles, arms, or cranium. About two inches below the navel was a penis with an imperforate urethra, ending in a sulcus which deviated where the urethral orifice should be. The glans and prepuce were well formed; there was no sign of testicles or scrotum, but I did not examine the abdomen to see if the former were developed and retained there. The nates were well formed, and there was a perforate anus. The thighs were very wide and curved, the legs extremely short, and the feet two-toed and three-toed respectively.

Remarks.—There are several interesting features in this case. Firstly, the patient was convinced (as so often happens) that an "impression" was concerned in its production. I entirely discard the notion in this instance, and only mention it because many authentic cases are on record where the *post hoc, propter hoc* argument in favour of a strong impression being capable of producing morbid phenomena in fœtal development is very strong. An abominable-looking dog, with prolapsed bowels, was kept in front of her house, and she saw it daily. Its miserable condition and hideous appearance took, she says, such hold upon her mind that night and day it was present to her imagination, and refused to be chased away. Four months elapsed, and then she noticed a tumour in the left iliaco-abdominal region, where she had a sense of weight and pain during the whole two months previous to her confinement, and this situation exactly corresponded to the part occupied by the blighted fœtus. Another remarkable feature in the case is the entire absence of any signs of arms or shoulders, while the development of the lower segment of the body was comparatively so perfect. In those cases of anencephalous monsters which I have seen or read of, the generally received theory of their formation is that of Rudolf's of Berlin, as I remember to have heard stated by my former teacher, Dr. Sinclair, and which I think was also advocated by Dr. Beatty of Dublin—I mean the theory of intra-uterine hydrocephalus, and consequent destruction and absorption of the cranial bones, meninges of the brain and their contents. This theory is inapplicable here, as it fails to account for the non-formation or disappearance of the upper part of the spine and thorax, unless we may believe that an extension of the intra-cranial inflammation took place to such a degree as to destroy the spinal column as far as the middle dorsal region, and then to cause absorption of all these parts, so far at least as they were then formed. The disappearance of an arm or lower extremity has been well explained by Dr. Montgomery as the result of

intra-uterine amputation from constriction by the umbilical cord; but here no traces of either upper extremity or of any parts anatomically connected with them can be found, and the explanation is inadequate in consequence. On the dorsal aspect of the fœtus, behind the fleshy cone described, is a large oval scar, four and a half inches in length, and one in width, which still bore traces of purulent inflammation at birth. Three or four inches only of cord was found attached to the umbilicus, and two or three inches only to the placenta. This cord was less than a third of normal thickness, as already mentioned. Could it be that the cord had surrounded the upper segment of the body about the level of the diaphragm, and caused, in the way Dr. Montgomery describes, an amputation in early life of the whole upper segment, which was then gradually removed by absorption, with the exception of some fragments of cranial bones, which are still to be felt in the soft part of the tumour, three or four inches above the umbilicus? Supposing this to be the case—and the presence of a twin demanding room for its advancing growth, thus adding to the pressure which is an active agent in the promotion of absorption, confirms this view—we could then explain the development, even to a hypertrophied degree, of the lower half of the blighted twin, the remarkable curvature and abnormal shape of the lower limbs, and its imperfection in the various ways already stated.

Valparaiso, December, 1871.

MEDICAL HISTORY OF THE CASE OF ROSE CONSTABLE,

The subject of an action for Libel at the York Assizes, March 19th, 1872.

BY G. P. DALE, F.R.C.S.

R. C——, aged five years, in perfect health when vaccinated on Monday, March 6th, 1871, at 2.30 P.M. Lymph taken direct from well-matured vesicles upon the arm of a healthy infant. Three children and an adult were operated on at the same time and with the same lymph. At 9 P.M. on the evening of the same day she had vomited, and I saw her feverish, restless, and drowsy.

At 3 A.M. the following day, Tuesday, I was hastily summoned, and found her in a state of collapse, with epileptoid convulsions, occasional squinting, head retracted upon the spine, body continuously gyrating backwards; breathing suspirous; insomnia; moaning; pulse extremely rapid and feeble. In this condition, with now and then a short interval of rest, she remained for about twenty-four hours. During the forenoon of the same day (Tuesday), the surface of the body and legs became discoloured in spots and patches. The spots were of a dark reddish hue, varying in size from a sixpence to half-a-crown, round, flat, and with well-defined, regular edges. These were bullæ, raised cuticle with black blood beneath. The stains were in patches with irregular edges, of an inky blackness, varying in size from a crown-piece to the palm of the hand. As the day advanced the convulsions became less frequent and less severe, the skin regained some warmth, and there was a slight return of consciousness.

March 8th.—The face and hands were somewhat swollen and red; upon the hands, the forearms, the side of the chest, and left thigh, a rash was visible at 7 A.M., which had the specific characters of scarlatina. It remained out some hours, then receded, and was not subsequently observed. Simultaneous with the appearance of the rash the convulsions ceased, consciousness returned, and reaction was established. The vaccinated punctures in the arm appeared as reddish points. Pulse less rapid, though still uncountable; tongue natural, with a light coating of fur; urine pale and free from albumen.

9th.—Child complained of sore-throat; impossible to examine it on account of painful retraction of the head; some of the bullæ broken, leaving sores behind; black stains less deep in colour, and edges beginning to change to yellow; vaccination progressing favourably; general condition the same as yesterday.

At the end of the week the vaccine vesicles upon the right arm appeared, and similar vesicles were noticed on the edges of some of the sores (left by the bullæ) on the left leg.

13th.—True Jennerian vesicles were seen on the arm, with the areola just forming; the pocks on the left leg had advanced rapidly, but the peculiar signs were not so strikingly marked as on the arm.

During the second week the joints became painful and much swollen (chiefly the knees and wrists), and remained so about a week, when the rheumatic inflammation gradually subsided. There was persistent retraction of the head for about three weeks. By gently raising the occiput, the head could be nearly restored to its natural position, but after stretching the muscles to a point short of this, the child uttered a sharp cry, and the head was forcibly drawn back to its former position. Abdominal pain of a neuralgic character was often complained of, attended with flatulence, and sometimes vomiting. There was no appetite, and the wasting of the body was considerable. Slight desquamation was noticed, chiefly upon the hands and forearms. Disturbance of the nervous system was the principal feature of the illness throughout, shown by headache, restlessness, sleepless nights, mental excitement, and irritability. The unequal contraction of the pupils and the intolerance of light and sound manifested the disorder of the nerves of special sense. There was this peculiarity with reference to them, that while at the onset of the attack the hearing was so acute that the lightest footfall disturbed the little patient, at a later stage it became so obtuse that we had to shout to make ourselves understood. Bowels were constipated, and the urine copious, pale, and loaded with phosphates. Convalescence was protracted. The pocks upon the arm dried up in the usual way, and were not the seat of any unhealthy inflammation.

Remarks.—The vaccine passed healthily and regularly through its successive stages, matured perfect vesicles on the eighth day, and, so far as the intercurrent disease was concerned, was apparently not retarded nor affected by it in the least degree. The character and duration of the "invasion fever," the sudden collapse, the grave nervous disturbance, the rapid feeble pulse, and the blood changes and effusions which characterised the beginning of the illness, and the rheumatic affection of the joints which followed, belong equally to the history of scarlet fever and cerebro-spinal fever. In my opinion, the rash, the sore-throat, and the desquamation were never so strikingly marked as to make the diagnosis certain in favour of the former, while the persistent retraction of the head, the continuance of other signs of nervous disturbance, the condition of the urinary secretion, the complete loss of appetite, and the protracted convalescence, pointed more directly to the latter.

Scarborough, March 27th, 1872.

A Mirror OF HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. IV. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

CASES OF STRICTURE TREATED BY A NEW WEDGE DILATOR.

(Under the care of Mr. BERKELEY HILL.)

THE accompanying woodcut depicts a modification of the principle adopted for Holt's, Perreve's, and Richardson's stricture dilators, which has been used with success by Mr. Berkeley Hill in University College Hospital. The two following cases are selected from a series:—

CASE 1.—C. J——, aged thirty-nine, admitted Sept. 4th, 1871, formerly in the Marine Artillery, has suffered from stricture for many years, and occasional attacks of retention of urine during the last ten years. Has been in hospital in a provincial town; but the surgeons under whose care he has been for the last six years at different times have not been able to introduce an instrument into the bladder. In despair he has come to London for further advice. On ad-

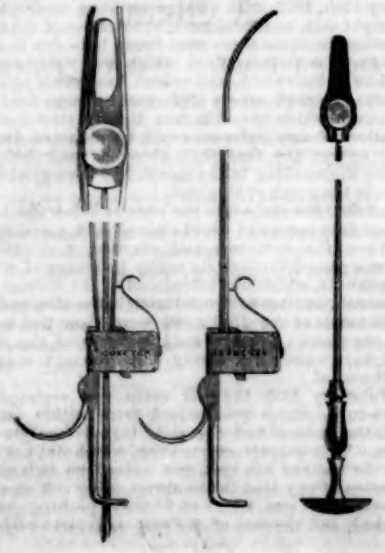
mission, the patient is thin, and looks much older than he really is. He is constantly agonised with desire to pass urine; this escapes in drops, or, if he forces violently for a few seconds, in a stream. The urine is dark, offensive, and one-fourth is ropy pus. In the perineum a mass as large as the finger, and apparently as hard as wood, occupies the middle line. There is no swelling of the superficial parts, and the prostate is not enlarged. During many trials with bougies of various sizes and kinds, and the involuntary explorations of old false passages, on two occasions a fine silkworm gut bougie was got through the stricture, to the slight improvement of the flow of urine. These attempts occupied more than a fortnight, in which time the patient's sufferings were treated by warm baths, rest in bed, suppositories, and subcutaneous injection of morphia.

On Sept. 22nd, Mr. Hill succeeded in passing a No. 2 silver catheter under chloroform. This was tied in, and replaced the next day by a flexible one. In a few days, when the irritation had subsided, the patient was again put under chloroform, and the dilator passed, a No. 13 catheter being immediately introduced, tied in, and the urine drawn off. No reaction took place.

The patient was trained to pass an instrument for himself, and was discharged on October 6th, passing No. 12 easily, his urine being quite clear and free from albumen. He lay all night without passing urine.

CASE 2.—A groom, aged twenty-six; admitted Oct. 5th, 1871. Nine years before he had contracted traumatic stricture by falling astride a bar. For the pain, bleeding from the urethra, and inability to pass water, he was treated at Guy's Hospital. Five years later, retention having again occurred, he went to Guy's, and his stricture was again dilated by the daily passage of instruments. After each discharge from hospital he neglected the injunction he had received to pass a bougie from time to time. When admitted to University College Hospital, a large, hard mass was found in the perineum, and the patient was passing urine every quarter of an hour; urine clear. After some difficulty Mr. Hill passed a No. 1 flexible catheter through a stricture four inches and three-quarters beyond the meatus. This was tied in; and on the 12th the stricture was easily split to No. 14, and a No. 12 catheter tied in for twenty-four hours. In a few days the patient could pass a catheter for himself, make a good stream, and was discharged with the strict injunction not again to neglect the occasional passage of a bougie, No. 10, which was given to him.

These cases have been selected from several others treated by the dilator as samples of copious induration of the urethra giving way instantaneously before the wedge on the exertion of very little force. As will be seen by a glance at the drawing, the instrument consists of a split



sound which equals the calibre of a No. 2 or No. 3 catheter. The halves of the split sound can be separated by passing between them a wedge fixed on a slender stem. The wedge is prevented by two dovetail grooves at its hinder part from leaving the sound, which acts as the guide during the passage of the wedge down the urethra. When the instrument is used, the urethra is first explored by an olive-headed bougie, graduated on its slender stem, by which the situation of the stricture is ascertained. The split sound is next passed along the urethra till the beak reaches the bladder. The wedge is then inserted between the blades, and pushed swiftly down till it has passed the stricture. It is then withdrawn, the blades of the sound fall together, and can be removed easily. A full-sized No. 12 or No. 13 catheter is at once passed into the bladder to draw off the urine, and may be taken out or tied in for twenty-four hours. On the third day a No. 12 or No. 13 bougie is passed, and again every other day for a week, while the patient learns to use the instrument himself, and not to let more than a fortnight pass without doing so. The instrument is adapted for the same cases as Mr. Holt's—namely, strictures situated in the bulbous portion, not in the penile part, where the division of a stricture should be a clean cut, in order that the cicatrix may as little as possible block up the erectile tissue and interfere with erection.

The advantages claimed for this instrument are: simplicity of construction; the central guide of Holt's instrument is not needed, hence the split sound can be passed through narrower strictures. Next, and chiefly, diminution of resistance, and, consequently, the more immediate application of the rupturing force—the wedge—to the impediment to be overcome. The force needed to push Holt's dilator is sometimes very great, and the attempt has been abandoned, or the instrument has broken, even in skilful hands, from this cause. Much of the force is expended on the continuous friction outside the tube along the split sound, and inside along the guide. In the wedge dilator the friction surface is reduced to two dovetail grooves, which together do not exceed half an inch. For this the force required is so small that one hand suffices to overcome the resistance.

LONDON HOSPITAL.

FRACTURED SKULL WITH EXTRAVASATION OF BLOOD.

(Under the care of Mr. RIVINGTON.)

THE following account of the post-mortem examination of a man brought dead into the London Hospital presents some points of peculiarity. We are indebted to Mr. Lionel Beech, house-surgeon, for the notes of the case.

The man, G. R——, aged thirty, had been knocked down by a policeman with his truncheon on February 16th, about 2 A.M., and died on his way to the hospital at 3.30 P.M. During the time he was alive after he received the blow, we have only the evidence of the policeman on duty at the station as to what symptoms the injury gave rise to. He stated that the man at first was sleepy, and would not rouse himself unless shouted at, knocked, or otherwise irritated, gradually becoming more and more comatose, with difficult breathing and fixed eyes.

At the autopsy there was found to be no laceration of the scalp. On the left side of the head above the ear there was extravasation of blood into the temporal muscle. On opening the skull, there was found a fracture two inches long, the lower end of which began on a level with the greater wing of the sphenoid, a quarter of an inch behind it, and exactly over the middle meningeal artery. This fracture was a mere crack or fissure in the bone, and corresponded with the extravasation of blood into the temporal muscle. The dura mater was separated from the skull at the seat of fracture, and between it and the skull was found a large extravasation of dark coagulated blood weighing 5½ oz. Under the arachnoid at this spot there was a considerable extravasation of blood. On the same side of the brain, in the fissure of Silvius, was found a clot. On the under surface of the brain, on the right side, in the sphenoidal lobe under the arachnoid, there was a slight diffusion of blood. There were a few small bruises of the convolutions. The skull was thinner than normal. The bladder was distended up to the umbilicus. The other organs of the body were healthy.

Mr. Hutchinson, who was present at the post-mortem, remarked that the interest of the case centred in the small fracture—it being a mere fissure in the bone, without depression—and the very large amount of extravasated blood. He had never seen so small a fracture with such a large amount of blood extravasated. It was his opinion that it had been caused by a very severe blow, as there was diffusion of blood in the brain opposite to the seat of fracture. The over-distended state of the bladder showed that the man must have lived some time after the blow had been given. At the trial of the policeman this was confirmed by the evidence adduced.

ST. GEORGE'S HOSPITAL.

OPHTHALMOSCOPIC DEMONSTRATIONS.

(By Mr. BRUDENELL CARTER.)

ON Wednesday, the 20th ult., Mr. Carter gave the last of a series of ophthalmoscopic demonstrations at St. George's Hospital. Seven patients were submitted to examination, and illustrated the following morbid conditions of the eye:—(1) Injury to the choroid from concussion of the eyeball. (2) Absence of the pigment of the choroidal epithelium. (3) Retinitis. (4) Disseminated choroiditis in a non-syphilitic subject. This presented a very characteristic appearance, the patches of atrophy, exudation, and pigmentary deposit standing out in fine relief on the red background. This condition, Mr. Carter observed, is rarely met with, and we seldom have the opportunity of examining so marked a case. (5 and 6) Excavation of the optic disc—glaucomatous cupping,—the effect of extreme tension of the globe. One of the patients was a man whose right eye was affected; the other was a female with both eyes affected. Mr. Carter had performed iridectomy in both cases, and with good results. On examination the optic discs of both patients were still somewhat excavated, but the excavation was less marked than when last examined. The patients are improving, and the tension of the globes is reduced to the normal standard. (7) Syphilitic retinitis in a man. Two drawings of the ophthalmoscopic appearances, taken some time previously, were handed round, and thus an opportunity was afforded of comparing the present with the past condition, and estimating the effects of treatment.

Most of these examinations were made by means of blue light, obtained by interposing blue glass between the lamp and the mirror. Mr. Carter stated that this light was so unirritating that it frequently enabled him to dispense with the use of atropine for his large ophthalmoscope; and he illustrated this upon one of the gentlemen present, who submitted his eyes with undilated pupils for examination by the rest, and whose optic nerves were perfectly well displayed.

SEAMEN'S HOSPITAL, GREENWICH.

DORSAL DISLOCATION OF HIP OF FIFTEEN DAYS' STANDING REDUCED BY MANIPULATION.

(Under the care of Mr. W. JOHNSON SMITH.)

THE subject of this case is a Swedish sailor, aged twenty-seven years, who, fifteen days before his admission into the Seamen's Hospital, was struck violently over the back of the pelvis, the body at the time being bent forwards. The man states that he was thrown down, and that, in the fall, the left thigh was forced outwards to a considerable extent.

On the day of his admission, February 6th, 1872, the patient presented well-marked symptoms of dislocation of the head of the left femur upon the dorsum ilii, the limb being shortened and adducted, and the foot much inverted. In addition to the ordinary symptoms of this injury there was complete paralysis of the muscles below the knee, and also loss of sensation in the integument of the leg, except over its inner surface and along the inner side of the foot. This condition had lasted ever since the accident.

Chloroform having been administered, reduction of the dislocated bone was attempted by flexing, abducting, and externally rotating the thigh. After very forcible abduction, the head of the femur slipped audibly into its socket, and the normal length and relative position of the limb were restored. The thighs were then bound together by a few turns of a bandage. On the following morning it was found that the head of the femur was again out of place, although not to so great an extent as after the accident. It was easily returned by manipulation without the administration of chloroform, and the limb was retained by a long splint, applied as in fracture of the femur. At the end of a week this was removed, and the patient allowed to get up. Locomotion was prevented for some time by the paralysis of the muscles of the foot. This was treated by galvanism, and the man is now able to walk very fairly with the aid of a stick. There is no perceptible difference between the two limbs as to length and position, and the movements of the left hip are perfect.

GONORRHŒAL INFLAMMATION OF AN IMPERFECTLY DESCENDED TESTIS; TREATMENT BY PUNCTURE.

(Under the care of Mr. W. JOHNSON SMITH.)

William M——, aged nineteen, was admitted on January 17th with a painful swelling in the right groin. At the end of December, 1871, he had contracted a gonorrhœa, which was treated by copaiba. About five days before admission the urethral discharge suddenly ceased, and shortly afterwards the young man complained of tenderness in the groin, which speedily increased in intensity, and prevented him from working.

On admission, the left testicle was fully developed, and in its normal position on the corresponding side of the scrotum. The right side of the scrotum was empty. In the right groin, between the situations of the external and internal rings, was a firm rounded swelling, of about the size of a small apple. This was extremely painful and tender, and the integument stretched over it very red, hot, and œdematous.

On January 18th a deep stab was made into the swelling with a sharp-pointed bistoury. After some slight hæmorrhage had ceased, the affected groin was left without local application of any kind.

On Jan. 19th the patient stated that the pain was much less severe. The swelling could be handled and compressed without causing much uneasiness.

20th.—There is no pain in the groin, and the œdema and redness of the integument have disappeared.

The urethral discharge, which became profuse after the cessation of the epididymitis, was treated by the oil of yellow sandal wood, and on Jan. 27th the patient was discharged as cured.

LARGE SUBLINGUAL CYST TREATED BY PUNCTURE AND DRAINAGE.

(Under the care of Mr. W. JOHNSON SMITH.)

E. Z——, a Maltese, aged fifteen years, was admitted on February 14th, 1872, with a large swelling under the jaw on the right side, and considerable protrusion of the tongue. On examination these signs were found to be due to a large cyst evidently containing fluid, which was very prominent at the floor of the mouth, and passed backwards and downwards into the neck, where it formed a large fluctuating tumour, over which the skin was tightly stretched. No information of any interest could be obtained from the patient, except the fact that about a week before his admission the swelling in the mouth had been pricked by a surgeon in the south of England.

An incision was made into the tumour below the tongue, and about four ounces of blood-stained and viscid fluid let out. When the cyst was half emptied, a doubled silk thread was passed through its cavity by means of a needle set in a handle, which was introduced at the incision made in the mouth, and brought out through the skin under the jaw. The ends of the silk thread were then tied together outside the mouth, and the fluid contents of the tumour allowed to trickle away slowly from the orifices through which it passed.

On February 16th the silk seton was replaced by a drainage-tube, which was passed from within outwards through the tumour and the ends looped together under the chin. This set up suppuration, which did not spread beyond the walls of the cyst, and caused no inflammation or irritation of any kind in the surrounding soft structures. The discharge of pus, which at first was profuse, gradually diminished, and the seat of the cyst was marked by a hard

movable swelling. On February 29th the drainage-tube was removed, and the discharge then became thin and scanty, and in the course of the following three days ceased altogether. The patient was discharged cured on March 7th, with no signs of the affection save a hard nodular swelling along the former track of the seton, and this for some days previously had been rapidly diminishing in extent.

For the notes of the preceding cases we are indebted to Mr. H. Campbell Pope, the house-surgeon.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 26TH, 1872.

T. B. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

THE ACQUIRED DEFORMITIES OF THE UTERUS; THEIR IMPORTANCE, EFFECTS, AND RESULTS. WITH A STATISTICAL ACCOUNT OF OBSERVATIONS ON THE SUBJECT AT UNIVERSITY COLLEGE HOSPITAL FROM AUG., 1865, TO DEC., 1869.

BY GRAILY HEWITT, M.D., F.R.C.P.,

PROFESSOR OF MIDWIFERY AND DISEASES OF WOMEN, UNIVERSITY COLLEGE; EXAMINER IN OBSTETRIC MEDICINE, UNIVERSITY OF LONDON.

THE object of the author was to demonstrate by facts and observations the importance of acquired alteration in the *form* of the uterus as a disease, and to establish for the *acquired deformities* of the uterus a prominent position in uterine pathology. To establish the frequency of acquired deformity of the uterus, the author brought forward statistics of the whole of the practice in the department for diseases of women at University College Hospital during a period of upwards of four years (1865—1869). These statistics, arranged in tabular form, comprised particulars concerning 1205 patients; from which it was shown that, of these 1205 patients, 714 were affected with symptoms referable, in one way or other, to the uterus.

Of the 714 patients presenting symptoms referable to the uterus, the diagnosis of the condition present was aided by a physical examination in 624 cases. In 90 other such cases no examination was made.

The 624 cases examined and presenting uterine symptoms are arranged in three classes:—First, general, including 65 cases; second, organic &c., including 182 cases; and third, acquired deformities, or change of position of the uterus, 377—making a total of 624. The first class include absence of uterus &c., 6; amenorrhœa and vicarious menstruation, 9; menorrhagia, 7; periuterine hæmatocele, 11; leucorrhœa, 12; hypertrophy of cervix uteri, 18; climacteric disorder, 2 cases—total, 65 cases. The second class include fibroid tumour or polypi, 96; cancer, 54; pelvic cellulitis, 32 cases—total, 182. The third class: flexions, 296 (retroflexions 112, anteflexions 184); prolapsus, 81—total, 377. From which it was shown that there were very few of those cases presenting uterine symptoms in which the uterus was not affected with a decided change of shape; this change of shape being, in the author's opinion, the underlying and principal element in the cases in question.

In the next place the author submitted particulars of each of the 296 flexion cases in a tabular form, comprising the age, condition, and main facts relating to the 296 cases. These cases were then analysed to show the severity of the symptoms and principal effects. The prevalence of *sterility* and the frequency of *abortion* were especially pointed out, and the following results obtained:—Of married there were 235 cases (100 retroflexion, 135 anteflexion). Of the 100 retroflexion cases, 21 were sterile, 12 had had no pregnancy, 9 had abortions but no child; of the 135 anteflexion cases, 60 were sterile, 45 had no pregnancy, 15 had abortions but no child. In reference to the frequency of abortion in the 296 acquired deformity cases, the results were as follows:—Of the 100 retroflexion cases (married), 24 had abortions; total number of abortions was 32; greatest number in one case was 3. Of the 135 anteflexion cases (married), 27 had abortions; total number of abortions was upwards of 54; and the greatest number in one case was 9.

Dysmenorrhœa was almost constantly present in these 296 cases of acquired deformity. Menorrhagia was very common. Chronic uterine inflammation was also common, but was evidently secondary to the alteration in shape. When miscarriages were observed, and retention of portions of the ovum occurred, such retention was very generally traced to the existence of flexion.

The *varieties* of acquired uterine deformity were then described, referable to two principal causes—bending of the uterus forwards or backwards; the importance of the varying conditions of the uterine walls in regard to density, consistence, and thickness was next indicated; the connexion subsisting between these alterations in shape and the occurrence of prolapsus pointed out; the very important effects on the circulation in the uterus and on the nervous relations and susceptibilities of the organ were also indicated.

Together with the paper a series of nearly 100 outline drawings, exhibiting pictorially the diagnosis made at the time of the examination, was laid before the meeting.

Dr. ROUTH concurred with Dr. Hewitt's general conclusions, but took exception to some of them—such as that anteflexion and retroflexion were the main causes of dysmenorrhœa. In reality there were only a few cases of that kind. Besides, most unmarried women had their uterus more or less anteverted, and in them this condition gave rise necessarily to no discomfort. He did not think the diagnosis of the condition of anteversion difficult. He considered that dysmenorrhœa without flexion was more common than Dr. Hewitt said. The paper did not distinguish between congenital and acquired flexions. He thought the author ignored the former. In these there was often no pain during menstruation, and the same was sometimes true of the acquired condition. It was only when the fundus became inflamed that pain was produced. Some women with flexed uteri were sterile, some not; and the former only because the os was turned in the wrong direction. What was the meaning of "prolapse" as used by Dr. Hewitt? In reality prolapse was rare; the condition commonly mistaken for it —namely, elongation—was not.

Dr. DAY asked what were the miscellaneous cases tabulated. He thought that many diseases of the uterine system and of the chest in young women were united or allied. Amenorrhœa was often only a symptom of the general condition.

Mr. R. J. LEE could understand the origin of the retroflexion following on a parturition when the woman gets up too soon. The uterus would then naturally fall backwards. He thought Dr. G. Hewitt referred to those of mechanical origin only. What was the difference between the congenital and acquired conditions?

Dr. GRAILY HEWITT, in reply, said he was quite aware that slight anteflexion existed in the virgin, or, rather, in the child. If badly fed, it might remain after puberty, but it was not natural in a well-developed young woman. With regard to anteflexion, he did not say the diagnosis was difficult; he only said it was often not made. In almost all the cases of flexion dysmenorrhœa was a marked feature. His experience as to congenital flexions was quite different from that of Dr. Routh. It was true that the painful symptoms only began when the fundus became inflamed, but that occurred in almost every case, and went away when the position was rectified. His sterile cases did not include those who were sterile after the birth of one child. By prolapse he meant a substantial descent of the uterus, and its appearance externally. He agreed with Dr. Day that a goodly number of cases of amenorrhœa in young women were associated with other bodily states. His cases comprehended unmarried who had no pregnancy as well as married. In the former the change in shape was due to a loss of tonicity or rigidity in the uterus, which allowed it to assume any shape. Their sedentary occupations might cause it to be anteflected. Flexion was rare without some definite cause.

MEDICAL SOCIETY OF LONDON.

MONDAY, MARCH 18TH, 1872.

MR. THOS. BRYANT, PRESIDENT, IN THE CHAIR.

MR. W. B. DALBY related a case of temporary and extensive Loss of Hearing, thought to depend on constitutional syphilis. The patient, a strong, healthy-looking man, aged thirty-four, was seen on September 28th. In the previous April he could hear quite well, and since that

time had become quite deaf with both ears, and could only distinguish words spoken in a loud tone of voice close to either ear, neither could a watch be heard on contact. Both tympanic membranes looked perfectly healthy, the translucency and natural curvature being unimpaired; the Eustachian tubes both pervious; neither was there any history of catarrh of the middle ear. The vibrations of a tuning-fork could not be heard when the instrument was placed on the vertex. He suffered from constant tinnitus. In the previous primary affection he had an ulcerated throat, and when first seen had secondary psoriasis on his body. Iodide of potass was given for five months, and at the end of that time the hearing had returned to nearly its normal condition. The vibrations of a tuning-fork could be heard, and the tinnitus had subsided. Mr. Dalby remarked that, in the evident absence of disease of the middle ear, and considering that recovery took place under treatment by iodide of potassium, he conceived it both possible and probable that such a cause may have given rise to the nervous lesion in the ear.

Dr. ALLEN thought it was an interesting case, but not an unusual effect of constitutional syphilis. He was of opinion that there was disease of the middle ear present. The stapes is bound down to the fenestra ovalis in consequence of chronic catarrh or specific inflammation. Mr. Toynbee considered these cases due to anchylosis. A rigid, dense, and contracted state of the mucous membrane was a sufficient explanation. In this case there could have been no bony union. There might have been impaction. The vibrations are not transmitted through the fenestra rotunda; there may be little or no change in the membrana tympani, merely increased concavity. The Eustachian catheter, or Politzer's bag, generally effected a speedy cure, and cases were given in point.

Mr. BRUDENELL CARTER asked Mr. Dalby if the ear enjoyed an immunity from syphilis. He often saw syphilitic paralysis of the muscles of the eye, and this associated with paralysis of the portio dura, but rarely deafness.

Mr. DALBY said that he had not observed this. He thought the case he brought forward was one of constitutional syphilis, and not of catarrh.

Mr. HENRY LEE joined in this opinion.

Mr. FRANCIS MASON exhibited a Child the subject of Congenital Malformation of the Hands. The mother could not account for the circumstance in any way either by maternal impression or otherwise. She had had fourteen children all perfect.

Mr. BRUDENELL CARTER mentioned a case of Rudimentary Scapula, where the arm hung loose, but by pushing up the elbow, and making the skin tense, she (the patient) could use the limb.

Mr. DAVY thought resection might be perhaps done with advantage.

Mr. DE MÉRIC remarked upon the interest of the subject of maternal impression.

Dr. CRISP expressed his conversion to the opinion that there was some ground for believing that maternal impressions exerted an influence on the development of children.

Mr. BRYANT mentioned a case where congenital fistula in ano was transmitted from the father to the child.

Mr. F. J. GANT exhibited a case of Excision of the Knee-joint operated on five months ago. The splint was not removed for seven weeks, the longest time he had ever kept it applied. The result was very satisfactory.

The PRESIDENT asked what was the condition of the excised parts.

Mr. GANT said there was ulceration of the bones entering into the joint. He would be happy to produce the specimen at another meeting.

Mr. DAVY asked what dressing Mr. Gant used.

Mr. GANT said that the wound was closed with sutures and covered with lint dipped in carbolic-acid lotion; he was careful to remove any clot from the wound.

Mr. J. S. STREETER showed the cast of the head of a Chimpanzee, illustrating the shape of the ear.

Dr. CRISP remarked that the ears of the anthropoid apes differed much. He considered that Mr. Darwin had laid too much stress on the shape of the ear in these creatures.

The discussion on Aneurism was then reopened, the President bringing forward a specimen of aneurism of the ulnar artery, illustrating cure by compression. There was a perfect clot regularly laminated. The patient died of brain disease shortly after treatment.

Mr. GANT related two cases of popliteal aneurism cured by instrumental compression.

Mr. DAVY thought that greater stress might be laid on the use of temporary ligature in the cure of aneurism.

Dr. CRISP would prefer pressure, and mentioned the case of Sir R. Dakin, who was cured of carotid aneurism by digital pressure.

Mr. CHRISTOPHER HEATH said that the subject of temporary ligature was of importance. The Dublin surgeons had used temporary ligature by means of a compressor after exposition of the artery; the results had not been very satisfactory on the whole. Carbolised catgut appeared to supply a want much felt. It did not cut the coats of the artery and had not to come away, but appeared to be absorbed, and to give no more trouble. He referred to a case in which at the necropsy some time after no trace of ligature could be found. He also mentioned a very satisfactory case which had occurred in his own practice, in which he had used carbolised catgut. As to distal ligature, he showed that in a case of ligature of the innominate artery very satisfactory results had followed—indeed, cure.

Mr. JOHN HAINWORTH related a case in which the femoral vein had been wounded in applying ligature to femoral artery for popliteal aneurism. Seventy-two hours after operation the ligature was removed. The aneurism was cured. A year after the same patient was treated for popliteal aneurism in the other leg, which was also cured by ligature.

Mr. WM. MACCORMAC said that Irish surgeons preferred compression, which, though requiring a longer time, was very satisfactory.

The PRESIDENT felt strongly the value of temporary compression by ligature. Perhaps the carbolised catgut would enable us to do more in that way. He mentioned two cases in which carbolised gut and carbolised hemp had been used, but suppuration followed. He thought that the only means of stopping hæmorrhage, when acupressure was employed, was the formation of a plug in the artery.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 22ND, 1872.

SIR W. W. GULL, BART., F.R.S., PRESIDENT, IN THE CHAIR.

Dr. SOUTHEY read a paper on two cases of Persistent Omphalo-mesenteric Duct, leading to fatal intestinal obstruction. In the first case, a lad aged sixteen, seized with symptoms of intestinal obstruction suddenly in the night, was admitted into St. Bartholomew's Hospital, and died on the ninth day from the commencement of his illness. The post-mortem examination showed a constriction of the bowel at the point of departure of a diverticulum passing from the intestine shortly above the ileo-cæcal valve, and attached to the abdominal wall two inches below the umbilicus; the part of intestine between the constriction and the valve was gangrenous and empty, and appeared as if it might have been entangled between the diverticulum and the abdominal wall. The second case was that of a tall girl, aged thirteen years and a half, who was admitted under Dr. Southey's care with symptoms of general peritonitis and collapse, and a history of intestinal obstruction. She died on the sixth day from the commencement of her illness. The necropsy discovered slight general peritonitis, and the cause of obstruction a constriction of the gut, though not to complete occlusion, at the point of departure of a diverticulum five inches in length, which was attached to the umbilicus. The intestine was so much distended above the constriction that its mucous membrane was in many places split. The portion of the gut between the constriction and the ileo-cæcal valve was congenitally narrowed, but was healthy in appearance, and contained fæcal material. These cases suggested that diverticula were sometimes attended by congenital narrowing of the bowel below them, and that they were perilous to life in two ways: first by the abruptness of the transition in the calibre of the bowel, leading to hypertrophy and dilatation of the gut above, to enteritis, swelling, and obstruction at the seat of constriction; and, secondly, by offering loops in which knuckles of intestine can be entangled and strangulated.

The performance of gastrotomy in intestinal obstruction, without symptoms of intussusception, was the treatment urged by Dr. Southey.

Mr. THOMAS SMITH had seen the cases in consultation with Dr. Southey and others of his colleagues, thought the symptoms somewhat similar to those of enteritis, and considered that there was no reasonable hope of affording relief by operating.

The CHAIRMAN made some general remarks as to the difficulties of diagnosis in such cases.

Dr. POWELL asked Dr. Southey if, according to his experience, mere twisting of the gut was sufficient to cause obstruction, and quoted a case which ended fatally in a few hours, and in which no constriction was found.

Mr. HEATH strongly urged the advisability of giving such patients a chance by adopting some operative procedure, particularly when, as in the first case quoted, the patient had been under the hands of the physician for several days, and no improvement had taken place. He held that strict accuracy of diagnosis should not be invariably regarded as indispensable, and remarked that in many cases where ovariotomy was successfully performed some doubt as to the precise nature of the tumour must exist until the hand was within the abdominal cavity.

Mr. MAUNDER agreed with Mr. Heath as to the advisability of operating, but thought that it was better to make small exploratory incisions, which did no harm, and were comparatively safe.

Dr. BUZZARD took exception to the views enunciated by the last two speakers, since many cases of intestinal obstruction were curable by judicious therapeutic treatment, and quoted the late Dr. Brinton in support of the opinion that the diagnosis was not very difficult; and, referring to the various symptoms in Dr. Southey's cases, showed how they pointed to internal strangulation, and not to intussusception.

Dr. SOUTHEY replied briefly, and adverted to the peculiar fact that gangrene now and then existed below the seat of constriction.

Mr. TEEVAN read a paper on the Treatment of four Cases of Impassable Stricture. In each case, frequent attacks of gonorrhœa had been the cause of the stricture; and it was worthy of note that in no case had an injection ever been used for the cure of the gonorrhœa. The first patient, aged forty-five, had for many years suffered from severe stricture and frequent attacks of retention. Many surgeons had in vain tried to pass an instrument. He was ordered to rest in bed for several weeks, during which period Mr. Teevan made many attempts, without success, to get through the stricture. Leeches were then freely applied to the perineum, and afterwards a No. 4 silver catheter was successfully passed into the bladder. Gradual dilatation by means of French bougies completely cured this patient. The second man, aged fifty-four, had for ten years passed all his urine through a fistula in the perineum. After a six weeks' confinement to bed, a very small whalebone olivary bougie was passed into the bladder, and the patient was ultimately cured of his fistula and stricture by gradual dilatation. The third sufferer, aged forty, voided all his urine through three fistulous openings in the rectum, perineum, and scrotum. Repeated trials with various kinds of instruments under the very favourable condition of complete and long rest utterly failed; and on January 22nd last, Mr. Teevan divided the diseased structures in the median line without any guide, and passed a large silver catheter into the bladder. All the urine comes by the penis, and the wound and fistulæ are nearly healed. The fourth case was that of a man aged fifty-six, who had a similar cutting operation performed on him four years ago for an impassable stricture complicated with fistulæ. The stricture was cured, the fistulæ healed up, and at the present time a large silver catheter can be passed into the bladder with ease.

Mr. MACCORMAC asked for particulars as to the symptoms that followed the incision from the anus towards the meatus, as described by Mr. Teevan, and the after treatment.

Mr. MAUNDER criticised all the cases adduced, and took exception to the plan of making incisions without the aid of any guiding instrument. There was no risk in puncturing the bladder per rectum, but pyæmia and secondary hæmorrhage were very likely to occur in laying open the perineum.

Mr. HEATH supposed that there were as many modes of treating stricture as surgeons to treat the disorder, and commented upon the circumstance of Mr. Teevan's using whalebone instead of soft bougies, which he last year so strongly recommended, and prophesied that he would probably return to silver instruments in cases of tight stricture. He referred to the late Mr. Syme's operation for stricture with perineal fistula, and subscribed to Mr. Maunder's remarks as to the objectionable nature of cutting operations.

Mr. BARWELL agreed with the remarks of the last two speakers, and said that leeching the perineum was by no means an unusual practice, Solly, Green, and South having frequently prescribed them in the treatment of stricture.

Mr. THOMAS SMITH said that he was in the habit of directing his patients to hold their water as long as possible, and usually succeeded in passing a small instrument into the bladder during the act of micturition.

Mr. TEEVAN replied briefly, quoted Sir H. Thompson in defending his plan of making extensive incisions, and inveighed against all operative procedure that involved laceration instead of clean cuts.

Reviews and Notices of Books.

A Text-book of Pathological Histology. An Introduction to the Study of Pathological Anatomy. By Dr. EDWARD RINDFLEISCH, Professor of Pathological Anatomy at Bonn. Translated from the Second German Edition, with the permission of the Author, by WILLIAM C. KLOMAN, M.D., assisted by F. T. MILES, M.D., Professor of Anatomy, University of Maryland. pp. 695. Philadelphia: Lindsay and Blakiston. London: Trübner and Co., Paternoster-row.—The English reader is indebted to our American *confrères* for some very useful and good translations of German works, and they are here presented with a translation of Professor Rindfleisch's "Pathological Histology." The increasing importance of the study of pathological anatomy, the rapid progress that has been made in it, and the very altered aspect which it now bears as compared with what it wore only a few years ago, when the doctrines of the Vienna school, as represented by Rokitansky, were the dominant views in this country—at least so far as those were ever *really* understood here, for it was much easier to talk about them than to understand them, we fancy—have lent great value to the labours of these translators. With the publication of Virchow's lectures a new impetus was given to the study of pathology and pathological histology, and the splendid translation of Virchow by Dr. Chance did much to popularise his views by bringing them within the grasp of every intelligent student. Since that time we have had so many valuable observations added by the labours of Billroth, Cohnheim, Thiersch, Waldeyer, Stricker, and others, especially as regards pathological new formations, that, to use the language of Rindfleisch, what "yesterday still appeared firmly established and sure must to-day be torn down in cold blood." Between the first and second editions—for this is a translation from the second German edition—of this very work the old structure has been pulled down so as not to "have left one stone upon another." We do not pretend to review a book of nearly 700 closely printed pages within the limits at our disposal. Rindfleisch's work, however, forms a mine which no recent pathological writer could afford to neglect who desired to interpret aright pathological structural changes, and his book is consequently well known to readers of German medical literature. What makes it especially valuable is the fact that it was originated, as its author himself tells us, more at the microscope than at the writing-table. The second section in the general part, on pathological new formations, is care-

fully executed. The special part treats of the anomalies of the blood, the circulatory apparatus, of the serous and mucous membranes, skin, lung, liver, kidneys, osseous and nervous system, and so on. As a specimen of the scientific spirit with which Rindfleisch has entered upon his very laborious task, the reader cannot do better than peruse the part devoted to normal as a type of the pathological growths, and that which immediately follows on interstitial inflammation and specific inflammations. Epithelial carcinoma is likewise well discussed, and so are the phenomena of thrombosis and embolism, and those of inflammation of serous membranes. The illustrations of the structural changes in various diseases of the skin, and of those of emphysema of the lung and tubercle, are very good, and with the accompanying text they afford a really good explation of the minute morbid anatomy of the parts involved. Altogether the book is the result of honest hard labour. It is admirably as well as profusely illustrated, furnished with a capital index, and got up in a way that is worthy of what must continue to be the standard book of the kind until its author undertakes to supplant it by another and third edition.

St. Thomas's Hospital Reports. New Series. Edited by Dr. BRISTOWE, Dr. STONE, and Mr. CROFT. Vol. II. London: Churchills. 1871.—This volume, which has only recently appeared, contains twenty articles by members of the St. Thomas's Hospital staff, together with medical and surgical statistics of the old hospital for the year 1870. Dr. Ord relates some experiments on the influence of colloids upon the forms of inorganic matter, particularly with respect to the varying forms of oxalate of lime and other crystals in the urine. Dr. Murchison follows with a paper on the period of incubation of typhus, relapsing fever, and enteric fever, and concludes that in a large proportion of cases of typhus the incubation is about twelve days; that the incubation of relapsing fever is more variable, but, on the whole, shorter than that of typhus; and that the incubation of enteric fever is most commonly about two weeks. Mr. MacCormac contributes some remarks on gunshot injuries of the lower extremities drawn from his experiences in the Franco-Prussian War, illustrated by two plates of injured bones done by the heliotype process. Mr. Rainey writes learnedly and lucidly on the existence of continued currents in fluids, in continuation of a former paper; and Dr. Evans gives a lengthy thesis on paracentesis thoracis, which was read for the degree of M.D. Cantab., and in which the safety of the operation is strongly upheld. One of the most valuable papers in the volume is that by Mr. Henry Arnott on the therapeutical importance of recent views of the nature and structure of cancer, in which he shows that the growing belief in the local nature of cancer in its early stages ought to influence both surgeon and patient in getting rid of suspicious growths at as early a period as possible. Dr. John Harley contributes a careful paper on the action and use of the opium alkaloids, cryptopia and thebaia. A description of an unreduced dislocation of the left femur by Mr. MacCormac confirms the views of Professor Bigelow, and is followed by an elaborate paper on the perivascular system of the brain, by Mr. Wagstaffe. Mr. William Anderson contributes a paper on skin-grafting; Dr. Clapton some cases of stricture of the œsophagus; and Dr. Stone a paper on ægophony. An example of that rare affection, inversion of the female bladder, is related by Mr. Croft, who gives also three other recorded cases. A paper on impairment or loss of power of articulate speech, by Dr. Bristowe, is worthy of careful perusal, and is illustrated by several interesting cases. This is followed by some valuable researches on prognosis in cases of valvular disease of the heart, by Dr. Peacock. Mr. Liebreich describes a new method for extraction of cataract—i.e., by a modified lower section; Mr. Mason a modification of the operation for cleft palate; and Dr. Barnes a form of hypertrophic polypus of the os uteri. Mr. Sydney Jones contributes some cases of excision of the joints, his paper being illustrated by two lithographic plates; and then come the report of the obstetrical department by Dr. Gervis, a very brief medical report by an anonymous reporter, and an elaborate surgical report by Mr. Frederick Churchill. Lastly, we have a statement respecting "the Old Students' Gift" to the hospital, and heliotypes of Wiseman and Mead, the busts of whom formed the gift in question.

Livret de Spencer Wells pour les Cas de Tumeurs des Ovaires et de l'Abdomen. Traduit de l'Anglais par le Dr. GUSTAVE BODDAERT, Chirurgien-Adjoint de l'Hôpital Civil de Gand, Paris. J. B. Baillière et Fils. 1872.—For ten or twelve years Mr. Spencer Wells has kept a separate note-book for every patient who has consulted him on account of ovarian disease. Finding the plan very convenient, he published the form of his note-book in 1864. Since then two other editions of it have been called for; and, as our readers will see by the above title, the note-book has been translated by Dr. Boddaert into French. The more carefully the details of all serious cases can be taken the better, but in ovarian cases details are peculiarly valuable as helps to diagnosis and to the establishment of the true value of ovariotomy. The great condition of success in surgery is care, and it is gratifying to see that our French neighbours, who admire the brilliance of ovarian surgery in England, perceive the necessity of that minute care which has always been such a characteristic feature of those who have practised it.

Notes on the Pharmacy of Ipecacuanha. By DYCE DUCKWORTH, M.D., F.R.C.P.—This unpretentious but useful little pamphlet contains information of solid value, and we can recommend its perusal to those of our readers who are interested in the pharmacy of the subject.

The Journal of Mental Science. Edited by Drs. MAUDSLEY and SIBBALD. No. 45. London: Churchill.—This number contains a short article by J. R. Gasquet "On the Madmen of the Greek Theatre"; one by Daniel Tuke "On the Influence of the Mind on the Body in Health and Disease"; an essay by Julius Mickle "On the Temperature in the General Paralysis of the Insane"; a case by Batty Tuke, and Fraser of lesion of Broca's convolution without Broca's aphasia; and a paper by T. O. Wood "On the Abolition of Seclusion"; besides usual notes, reviews, &c. Amongst these notes is a very full account, with remarks, of the recent interesting trials of the Rev. Mr. Watson and Miss Edmunds.

The Canada Lancet for March, 1872.—Our Canadian namesake still holds its own. The present number contains an essay on the Phenomena of Life, a description of a self-retaining flexible catheter, a case of gangrene of the lung, and a case of catalepsy. In a communication from a practitioner urging the propriety of repeated vaccination as long as it will take effect, we have something fine-drawn in the way of statistics, the correspondent stating that in his experience sixty per cent. are capable of taking small-pox a second time, forty per cent. a third time, and ten per cent. a fourth time.

LIBERAL CHEESEPARING!

To the Editor of THE LANCET.

SIR,—Is it the case that the present Liberal Government is about to exhibit its generosity towards our profession by diminishing Mr. Simon's salary from £2000 to £1500 per annum, at the same time that it proposes to enlarge the sphere of his duties?

I remain, Sir, yours, &c.,
A WAVERING LIBERAL.

THERAPEUTIC TRADITIONS.

No. IV. — "COOLING" REMEDIES (CONTINUED).

In a recent article on this subject we attempted to show how vague and indefinite was the basis on which rested our conventional ideas as to the means which can be employed for reducing excessive heat of the body. We insisted that a large majority of the remedies which had been appropriated by tradition to this purpose were selected, not on account of any positive experience of their efficacy, but because their employment as refrigerants fitted into a scheme of physiology and therapeutics which had been elaborated by *a priori* reasoning. To what extremes of incorrectness this kind of reasoning had led our predecessors we showed by reference to the universal assumption of past times that bleeding must cool, and that alcohol must heat; whereas the truth, in each case, lies much nearer the exact opposite of these dicta. In short, our first paper on this subject was almost purely destructive, as tending to show that up to a quite recent date no sound basis existed for the establishment of a scientific cooling therapeusis.

We now propose to inquire, what are the facts upon which the present leaders of therapeutical science rest their scheme of refrigeration in pyrexia?

We must begin by confessing that we are not yet in possession of a complete scientific doctrine of refrigeration. The physiological apparatus of heat-regulation is one of the most complex portions of our organisation, and though much has lately been done to elucidate the various elements of the process, we are still in the dark on some points, as will presently appear. Meantime the following facts are well established. The process of heat-regulation, by which the healthy body maintains a nearly constant standard of internal temperature, amid all the accidental changes in its superficial warmth, involves at least the following momenta: (1) The conduction of heat from the surface into a colder surrounding medium lowers temperature of the blood. (2) The transpiration of fluid from the skin and lungs increases this effect. (3) The oxidation of elements of food or of bodily tissue sets free heat, which in the first place accumulates in the blood. (4) The building up of new tissue makes heat latent. (5) Heat may be changed into motion, and thus become non-apparent. (6) The distribution of the blood may vary to a large extent, and the comparative heat of different parts of the body sometimes greatly depends on the state of this distribution, which, again, is under the control of the vaso-motor nerves. (7) Over and above this influence of vaso-motor nerves on local temperature, there is a more indefinite, and as yet unintelligible, but nevertheless very positive influence of certain portions of the central nervous system on the general process of heat-production. In circumstances of health this is comparatively inconspicuous, and is chiefly to be suspected from certain diurnal variations of temperature; its more striking manifestations only occur in disease or injury of the nerve-centres.

The foregoing summary, brief as it is, is sufficient to convince us of the manifold and perplexing possibilities of temperature variation, even within the limits of health. But the circumstances of disease add new elements which further complicate the inquiry. In health the combustion-work done within the voluntary muscular system is the chief source of heat:* the remainder being supplied by that which takes place in involuntary muscles, glands, nerve-centres, and the results of friction within the bloodvessels; the supremacy of muscular action in voluntary muscles, including the maintenance of the *tonus*, as a source of heat, being strikingly demonstrated in the researches of Röhrig and Zuntz, by the effects of curara poisoning, which cuts off the innervation of these muscles. And the great counterbalancing agency, in health, is undoubtedly the loss of heat from the skin and lungs, which necessarily increases with every extraordinary voluntary muscular effort. If now we take the two degrees of pyrexia which are present respectively in a simple local inflammation and in a zymotic fever, we shall find everything changed. In a simple inflammatory fever the temperature of the blood is elevated in a secondary manner by the intermingling of blood from the parts where tissue-changes are active with the general current of the circulation; but the chief source of its elevation is the cessation of transpiration from the skin, whereby the normal loss of heat is greatly diminished. In a zymotic fever the main sources of excessive heat are again different; here the combustion of nitrogenised tissues (the occurrence of which is proved by the extensive excretion of urea even in the total absence of all nitrogenous food-supply) must evidently count for much, and it is highly probable that an additional element of heat-generation exists in the shape of some process within the blood which more or less resembles fermentation. Arrest of skin-transpiration, when it exists, may add something to the effect; but the examples of rheumatic and relapsing fever sufficiently attest that it counts for little compared with the sources of pyrexia which are internal.

In view of all these complicated considerations, we are compelled to look back with wonder at the old ideas which conferred the title of "refrigerants" absolutely on particular medicines. We may so far anticipate what is still to be said as to remark that there is but one remedy (and that only when used with a certain persistence) which can be called an absolute refrigerant—viz., the application of external cold; all other refrigerants are only such under the most stringent conditions, and, consequently, with a narrow limitation of their sphere of action.

Even the external application of cold requires to be *prolonged*, for it has been proved by Liebermeister, and explained by Röhrig and Zuntz, that the first operation of the cold bath is to produce a reflex stimulation, which greatly increases the consumption of tissue, and thus *raises* the temperature, an influence which is shared by other stimuli that can be applied to the skin. The longer action of cold suspends all this reflex stimulation, and the remedy is then free to act as a simple physical reducer of heat. Still there is a tendency of the temperature to rise again, and nothing but the repeated application of the bath whenever a certain heat-level is reached, will suffice to produce a really effective cooling. But it may be said that in cold baths, ice-packing, &c., we possess as absolute a therapeutic power (to a certain point) as the physician ever has the chance of wielding.

It is a far more difficult and uncertain business when we come to estimate the cooling power of drugs. The class of medicines to which we should naturally first turn are the reputed diaphoretics, since it would seem that increased skin-transpiration must be one of the readiest and surest means of diminishing bodily heat. Experience, however, soon shows that it is very difficult to find a medicine that will uniformly act as a diaphoretic, and that even if such a drug were found, diaphoresis can in many cases effect nothing towards reducing temperature, while it is occasionally accompanied by dangerous general depression. It is chiefly in the simple inflammatory fevers that the production of diaphoresis is of genuine service, and it is worth while asking what are the agents that

* It must be observed that this statement by no means implies the truth of the Liebigian view that the consumption of muscular tissue itself is the source of heat. It would equally agree with the derivation of force from the combustion of hydrocarbonous food within the blood or the juice of the muscles, which, in all probability, is the actual process.

can most effectively take advantage of this indication? It is curious here to observe how the really powerful agents have been neglected, while an absurd confidence has been reposed in remedies which could not possibly have had any genuine effect. Only think of the gallons of "sweet spirits of nitre" that have been poured down people's throats! Yet this is a medicine which may be confidently pronounced to be unworthy of the slightest confidence, were it only from the fact that no two specimens ever resemble each other in composition, and that a considerable number probably contain scarcely a vestige of the real drug. And then reflect, on the other hand, on the extraordinary neglect of aconite—a drug which enjoys certainly the nearest approach to infallibility, as a reliever of *dry* heat of skin, of any remedy that we possess. Among the whole list of diaphoretics which are ordered as a matter of course, there is probably only one—Dover's powder—which is really of serious benefit; and there are many cases in which this cannot be employed.

But it is not among diaphoretics that we are likely to discover the most powerful reducers of bodily heat. Modern researches, more especially in France and Germany, have pointed out three remedies which above all other internal agents possess the antipyretic power, but which no one would have dreamed of associating together twenty years ago—viz., quinine, digitalis, and veratrum. The cooling power of quinine in fever, more especially of the zymotic and the septic varieties, has now been attested by a great number of witnesses, beginning with Briquet and Leroux in France, and Wachsmuth and Liebermeister in Germany; while in the latter country the researches of Binz and his pupils and followers have not merely established the antipyretic power of quinine, but gone far towards explaining one important phase of it. But this must be considered in another paper.

PROFESSOR WILSON'S LECTURES ON DERMATOLOGY.

Delivered at the Royal College of Surgeons, February, 1872.

LECTURE V.

THE chief part of Mr. Wilson's fifth lecture was occupied by a description of the various models of syphilitic eruptions contained in the College collection. Incidentally he drew special attention to the varieties in extension and distribution of the morbid change, particularly as exemplified in the papular form. This usually manifests itself in concatenated rings of papulæ, or discordal elevations, and the transition between the two is obvious. In each it is common to find the central prominence still remaining, and surrounded at a short interval by a circinate ring. The tubercular rash which commonly extends itself in this way has received improperly the name of "syphilitic lepra." The true way to regard it is as one of the physiological modes of manifestation of the pathology of the skin, for it is easy to show its physiological connexion with the scattered form of papular eruption.

In successive attacks of syphilis the disease would seem to acquire an increased impetus, or possibly, with greater likelihood, the tissues lose their capability of resistance, and hence the increased intensity of its successive manifestations. There is an indication of a similar notion of succession in the use of the terms secondary and tertiary; but these divisions are arbitrary and vague, and the four classes of skin eruption, erythematous, papulous, ulcerative, and degenerative, afford a much better basis for the classification of the periods of the disease. Mr. Wilson has seen no form of syphilitic eruption that could be called vesicular or pustular, apparent instances being really either papulæ vesicating on the summit, or papular tubercles suppurating on the summit, and indicating a commencement of the ulcerative period of the disease.

Passing to the ulcerative forms, Mr. Wilson described the characters of rupia—an ulcer with much secretion and desiccation of that secretion into crusts, and the usual centrifugal extension of the morbid process beneath the crust. A common seat of the ulcerative process is the wall of the matrix of the nail, commonly the posterior wall, sometimes the whole matrix, leading to great swelling of the finger-ends. The cachexia of syphilis is very decided. It destroys the corpuscles of the blood, probably converting their colouring matter into pigment; it induces emaciation, and gradually exhausts the constitutional powers.

The migratory or serpiginous character of some syphilitic eruptions is very marked. It is not peculiar to syphilis, but was seen in some of the groups of cutaneous affections before examined, being apparently due to a law of cutaneous disease, which syphilitic affections obey with the rest. The professor, in conclusion, drew attention to and described the models illustrating this character, and also some representations of certain more chronic forms of the papular group.

LECTURE VI.

Mr. Wilson, in his sixth lecture, first passed in review the regular course of syphilis. It obeys, he said, the same laws as the other animal poisons, and becomes milder the longer it remains in the body, and is also rendered milder by transmission from individual to individual. The ordinary varieties in the disease may all be explained by the influence of individual constitution. The disease known in Norway by the name of "radesyge" or "bad disorder" of which a terrible outbreak occurred a century and a half ago, is really a form of syphilis. A plaster cast was shown of a late syphilitic eruption, a pitted and ulcerated surface, the ulcers with ragged edges, and here and there of pathognomonic horse-shoe form, which Dr. Boeck, of Christiania, had pronounced a characteristic example of radesyge.

After showing some models of syphilitic affections of the tongue, Mr. Wilson passed on to speak of degenerative syphilis. In this a process goes on of a nature essentially the same as that which results in ulceration, though slower; the syphilitic tubercle leaves a scar just as does an ulcer, although there may have been no breach of surface. In the morbid change the affected part becomes swollen, and constitutes a tumour of greater or less dimensions, a "syphiloma" or "gumma." No organ of the body is safe from invasion; even the heart may suffer. The hairs may undergo a change, which consists essentially in an arrest of development of the hair at its cellular stage; in the portion so arrested there is a copious deposit of pigment.

The successful treatment of syphilis may be resolved into the two processes of elimination and restoration. A method once in great favour consisted in milk diet and clinical decubitus; another, still in vogue in Germany, is a combination of sweating, purging, and starving. One of the most successful cures Mr. Wilson has ever seen was effected in the course of a few weeks chiefly by infusion of elder-flowers, with jalap and low diet. But the two chief remedies must always be mercury and iodine, the former at the beginning and end of syphilis, the latter chiefly in the secondary stage. In infantile syphilis Mr. Wilson prefers to give the child perchloride of mercury, one-thirtieth of a grain three times a day, unless the mother shows evidence of affection, when the treatment may be through her. In secondary eruptions a mild mercurial may supplement the iodide. In giving the latter it is important to remember that it acts best when largely diluted; five grains should be dissolved in at least half a pint or, if practicable, in a pint of some bland fluid.

In conclusion, Mr. Wilson said that he could not take his leave without being reminded that that day was the anniversary of their great and distinguished master, John Hunter, to whose comprehensive mind every work of the Creator was interesting and important, in whose sight nothing was too small for observation and nothing created in vain. In all departments of the field of pathology his zeal and faith were equally energetic and pure, whether investigating what may be termed the physiology of pathology, as in his grand labours on the blood, inflammation, and syphilis, or morbid changes in the integument. He had left behind him in the splendid museum, which would for ever be a chaplet to his fame, many valuable specimens of dermatological interest; and if his spirit were round them that day, they might hope that he would not look disapprovingly on their present occupation. No whole to him seemed perfect without the perfection of its parts, for the soul of Hunter was all-absorbing and universal.

THE LANCET.

LONDON: SATURDAY, APRIL 6, 1872.

THE more closely the case of DALE v. CONSTABLE is studied the more remarkable does it appear. We are happily able to place a medical account of the case before our readers in another column, and in various ways we have been able to acquire more information about it than could be gathered from the newspaper accounts on which we based our remarks of last week. All that we can learn of the case only impresses us the more with the feeling that the libel by Mr. CONSTABLE was one of the most unreasonable that we have seen,—the more so as he is not destitute of that degree of reasoning faculty and education which should have prompted him to write very differently about a simple operation like revaccination and the treatment of a difficult case like that of his daughter. That medical men should be abused and misunderstood occasionally by the ignorant and the uneducated is inevitable. Vital facts and diseased processes are too complicated to make it possible for the vulgar always to understand or allow for the difficulties of medical practice; but when a man of Mr. CONSTABLE'S position and education takes to libelling medical men, and doing it in the form of an elaborate pamphlet or a literary exercise of which he is obviously very proud, it is a matter of unqualified satisfaction to see him brought to the most unconditional apology and retraction in Court.

The profession cannot feel too much indebted to Mr. DALE for his whole behaviour in this matter. His position was so strong in the case, and that of the libeller so completely indefensible, that we cannot doubt that every attempt at compromise was exhausted. And had Mr. DALE been actuated by any small views of his personal interest and duty he might have closed with these suggestions of compromise. But he doubtless judged, and judged rightly, that he owed to the profession in which he holds an honourable place, as well as to his own personal peace and reputation, to be satisfied with nothing less than an apology and retraction after a public trial and cross-examination at the hands of such counsel even as Mr. CONSTABLE could command. Medical life would be intolerable, and medical practitioners would be of all men the most miserable, if on the occurrence of unforeseen and irregular forms of disease their conduct were to be criticised as that of Mr. DALE'S was criticised by Mr. CONSTABLE. And Mr. DALE deserves the thanks of the profession for declining all short and private modes of ending this matter, and for bringing it into the full light of the Assize Court. Mr. DALE deserves the further praise of knowing where to stop in his demands. It is not every man who preserves clearly in his mind the line where vindication ends and vengeance begins. Mr. DALE might well have been excused for some hesitation in agreeing to nominal damages. But there was none; as a Christian and a worthy member of a profession which designs nothing but good to men, he instantly, on apology being made, caused it to be intimated that his only object was the vindication of his personal and professional honour.

The medical features of the case are unusual and full of interest. A fine child, five years old, to all appearance well, found playing about in front of the house, is revaccinated about 2 o'clock on a Monday afternoon (March 6th). The infant from whom the lymph was taken was healthy, and various other persons in the infant's family and that of the defendant were revaccinated with the same lymph with perfectly satisfactory results. After the operation Mr. DALE'S attention was called in a casual way to three or four spots on the child's back. It should be stated that the reasons for revaccinating the child were—first, her mother's wish; and, secondly, the fact that her vaccination marks were imperfect. In the evening of the day Mr. DALE was summoned to see the patient, and found her complaining of headache, feverish, and restless. She had vomited, and was heavy and disposed for sleep. At 3 o'clock on the following morning (Tuesday) he was again summoned, and found the child in violent convulsions, which continued more or less for twenty-four hours. On this day there also appeared extravasations of blood under bullæ. On Wednesday the convulsions ceased, and a scarlatinal rash appeared. On Thursday, the 9th, there was some complaint of sore-throat; but owing to the retraction of the head, which now and for three weeks constituted a characteristic feature of the case, it was impossible to examine the fauces. During the second week the joints were painful, resembling the condition of scarlatinal rheumatism. Slight desquamation was noticed; but, as will be seen, the chief features of the case were due to disturbances of the nervous system—to wit, headache, excitement, retraction of the head, inequality in the size of the pupils, hearing first acute and then obtuse. There was also distension of the abdomen. The vaccination took perfectly, and there were true Jennerian vesicles on the eighth day.

Now it must be admitted that the order and grouping of phenomena here are unusual. Some medical practitioners will attribute them to malignant scarlet fever setting in suddenly and severely; others may think them due to cerebro-spinal meningitis. It is impossible for us to arrive at a positive diagnosis. But of two things we may be sure: first, that such symptoms could have no relation to the vaccination, which was perfectly normal in its character, and had preceded the symptoms by only a few hours; secondly, most intelligent readers will think that the remarkable thing about the course of an attack so severe in its onset and so serious in its symptoms is that it did not terminate fatally in a short time. That it did not so terminate, and eventually ended in health, is wonder enough; but that the principal medical attendant should have become the subject of libel by the parent of the patient must remain a mystery of unreasonableness and ingratitude. The relation of the attack to revaccination, perfectly normal in its course and character, must be regarded as purely one of coincidence; and it would be as reasonable to attribute the remarkable symptoms of this case to the child's dinner as to its revaccination.

THE circumstances which preceded and attended the late general meeting of the governors of the Orthopædic Hospital, although they do not of themselves call for any further notice at our hands until after the next step in the proceedings has been taken, yet surely suggest that the time is come for inquiring once more into the *raison d'être* of special hospitals in general, and, incidentally, of hospitals for the deformed in particular. We are entitled to ask whether the institution in which these scandals have arisen is one which on the whole, and on broad general principles, it would be more desirable to reform or to abolish.

The existence of special hospitals must be conceded, on all hands, to be an evil when regarded from certain points of view; and to be only beneficial in cases where there is an obvious balance in favour of good that is actually effected, and that could not be effected by any less costly machinery. As regards many points of organisation, the special hospital, with its very limited accommodation, is as expensive to maintain as a large general hospital; and it has been stated in the course of the discussion by which these remarks have been suggested that one-third of the income of the Orthopædic Hospital is actually absorbed by the stipend of the Secretary. We do not for a moment doubt the value of this gentleman's services, or so much as hint that he is overpaid; but we may be permitted to regret that he is not placed in a somewhat wider field of usefulness, since it is certain that a like remuneration would go far to provide a secretary for a hospital with three or four hundred beds. This kind of reasoning is, indeed, so obvious that it need not be pursued into other details of administration; and we may proceed to inquire what are the compensating benefits by which the heavy expenditure may be justified. We can of course perceive the propriety of hospitals for any disease so common that it requires a large amount of accommodation; and on this score, for example, we may admit the existence of a sufficient plea for hospitals for diseases of the lungs. The patients are numerous enough to fill institutions that are too large to be wasteful; and the buildings may be constructed with special reference to the requirements of those who are to occupy them. Next in order we may place hospitals for recognised, and, so to speak, perpetual, departments of special practice; of which the ophthalmic institutions may be considered as the best representatives. Next again come hospitals for the cultivation of new modes of investigation or practice; and, lastly, we find institutions that are merely private speculations, and for which there is nothing more to be said than that they serve to fill the pockets of Dr. A or of Mr. B.

Now hospitals of the third class, those originally founded for the application of new lights in practice, are often of very great utility at one period of their existence. But they are open to the serious objection that all novelties cease in time to be new. The skill and knowledge once peculiar to an individual, or to a small number of persons, become widely diffused over the profession, and form part of the common stock of those who practise the art of healing. The justification for the particular hospital ceases; but the hospital itself remains. It is obsolete, but it does not disappear. On the contrary, it becomes a carcass, and gives forth an evil savour. Where the carcass is, the eagles will be gathered together. Now this seems to us to be much the case with the Orthopædic. The building falls into an insanitary state which reflects upon the entire management and staff; the patients go in to die; quarrels ensue, and everybody tries to shift blame on to someone else; miserable questions of priority and etiquette are then settled by disgraceful methods which are not permitted in well-regulated institutions. In the meanwhile there is probably no general hospital in England in which cases of deformity would not be received and cured, no hospital surgeon who would not treat them well, just as he would treat fractures or dislocations, as part of the ordinary work of his daily calling. It seems to us that the reason for the existence of orthopædic hospitals has ceased to be, and that the institutions themselves had better be broken up and abandoned. They are very much in the position of the boardmen who carried the letter H, in *Punch's* immortal picture of the processional advertisement of the Hidden Hand. "Now, then, you two H's," said the contractor, "the public don't want yer, and I don't want yer, and nobody don't want yer. Jest drop them boards, and 'ook it." We commend the final injunction to the attention of Lord ABINGER, and the other supporters of the now famous establishment in Oxford-street.

THE appointment of medical officers of health is provided for by Clauses 11 and 13 in Mr. STANSFELD's Bill. Clause 11 proposes to enact that it shall be the duty of every urban sanitary authority to appoint a medical officer of health in the manner provided by Section 40 of the Public Health Act, 1848, and any enactment amending the same. By this Act *permission* was given to local authorities to appoint an officer of health, whose duties were to be prescribed by the General Board of Health; and the appointment and removal of this officer were subject to the approval of the same board. Subsequent enactments provided that the person appointed should be a medical man, and registered; and on the discontinuance of the Board of Health the appointment, salaries, and duties were left entirely in the hands of the local authority. The appointment is now made *compulsory*; but under Mr. STANSFELD's Bill local authorities will still be able practically to nullify the law, by limiting the duties of the medical officer of health and prescribing an insufficient salary. Many towns have already taken this course. At Scarborough, for example, only last week, the Town Council resolved to appoint a medical officer of health and to give him a salary of thirty pounds a year,—showing clearly that they are quite unable to appreciate the extent and importance of the duties required under a proper administration of the law. We are of opinion, therefore, that the *rôle* of duties prescribed for the medical officer of health should be subject to the approval of the Local Government Board, and that the same powers which are given to the central authority with respect to rural medical officers of health should apply also to those appointed in urban districts. It must also be regarded as a great defect that no special directions are given for the employment of Poor-law district medical officers in towns

as deputy officers of health. We would therefore suggest a clause providing "that urban sanitary authorities shall be required to employ the district medical officers of the Poor Law as deputy officers of health, or to make inquiries and reports on the sanitary condition of their respective districts or of any part thereof, and shall pay them a reasonable salary for such services." Section 13 provides that every rural sanitary authority shall appoint a medical officer or officers of health and an inspector or inspectors of nuisances; that the Local Government Board shall have the same powers with regard to the appointment, qualification, duties, salary, and tenure of office of medical officers of health as in the case of a district medical officer of a union; and that any district medical officer of a union may, with the approval of the Local Government Board, be appointed a medical officer of health. The Poor-law Board has always enjoyed the right of regulating the duties and salaries of Poor-law district medical officers; but, unhappily, they have never exercised those powers for the advantage either of the sick poor or of the profession. The hope that the Local Government Board will act depends entirely upon the removal of the administration of medical and sanitary affairs from the hands of mere lay administrators of the late Poor-law Board and the admission of an influential medical element to the Local Government Board. With this wholesome change we have every right to expect that this clause will do all that is possible for the support of the medical officers of health in rural districts; for it must be distinctly understood that the Poor-law medical officers who may be appointed to act as medical officers of health in their respective districts will require frequent visits and assistance, as well as very strong moral support, either from county medical officers of health or from the medical inspectors of the Local Government Board, in order to enforce proper sanitary action on the landlords and farmers, who are too often the greatest offenders against sanitary laws. With respect to the qualifications of medical officers of health we have no desire to restrict the appointment to any special class, for it cannot be denied that some of the most efficient sanitary officers in the kingdom have been general practitioners. At the same time, we think it undesirable in urban districts that the medical officer of health should be engaged in general practice, but it will be better that this point should be left in the hands of the Local Government Board, as in towns of only moderate size there may be a difficulty in securing the exclusive services of the person best qualified.

We have never been advocates of a special class of State physicians. We should be sorry to see the public health of the country taken out of the hands of the great body of the profession. There are some who would have the whole medical jurisprudence of the country, as well as the whole administration of sanitary law, put into the hands of specialists, who are to make analyses and post-mortems one day, and to report on nuisances the next. But for ourselves we look to the spread of education for securing for the body of the medical profession the position of leaders of public opinion on the subject of public health.

IN histological investigations it appears to hold good that with fresh means of research new facts are open to discovery, even in the most familiar objects. In the just published number of the *Archives de Physiologie*, M. RANVIER calls attention to several points in the histology of the nerves that have hitherto escaped observation. The first of these is, that the ordinary fibres or tubules present distinct constrictions at about a millimetre apart. Illustrations of the structure of the nerves have been published by various writers, and notably by FREY and KÖLLIKER, in which such constrictions have always been vaguely represented; but they have been regarded as accidental, or as the results of manipulation. The only man who has depicted them with fidelity is CZERMAK. Even SCHULTZE appears to have overlooked them in his recent article in STRICKER'S "Manual of Histology." M. RANVIER'S observations were conducted on nerves prepared with picro-carminate of ammonia, with osmic acid, and with nitrate of silver. We must refer to his paper for the mode of preparing the first-named reagent; but the solution should contain about 1 per cent. of the salt. The nerve, immediately after its removal from the living body, should be placed in a drop of it, on a slide, and gently teazed out with fine needles for a short period. It is then gently covered with a thin piece of glass, and at once examined with powers magnifying from 300 to 600 diameters. The appearances then presented scarcely differ from those of the living nerve. The myeline is continuous, and neither the sheath of Schwann nor the nuclei nor yet the cylinder axis are visible. The annular constrictions, however, at definite distances from one another, are very obvious. Above and below the constriction the nerve is slightly thicker than elsewhere. In the course of a minute or two the myeline loses its transparency and homogeneity just above and below the constriction, and becomes granular; at the same time the cylinder axis makes its appearance, acquires a yellowish tint, and presents a double contour, the outer line being straight, the inner sinuous. After the lapse of some hours the cylinder axis is stained red at the constriction, though the constricting annulus itself remains uncoloured. Even after the lapse of several days, the cylinder axis in the internodes (if we may so term them) remains uncoloured—unless, indeed, owing to a sharp curve or kink in the fibre, the axis is brought into immediate contact with the sheath of Schwann, when it is stained to a corresponding extent; whence it appears that the myeline will not permit the passage of crystalloids. With high powers and immersion lenses, the constricting annulus is seen to be within the substance of or perhaps beneath the sheath of Schwann. At this point, as is indicated by the staining of the cylinder axis, the myeline is deficient. The constrictions are found only upon the double contoured nerves; the fibres of Remak have no constrictions. Experiments undertaken with osmic acid, which blackens fat, and myeline, fully corroborated the results obtained with the picro-carminate of ammonia; showing with great distinctness the annuli, which, under the influence of this reagent, appear as light transverse striæ crossing the blackened nerve, making the tubule resemble an alga, with septa at considerable distances from each other. M.

RANVIER thinks he has been able to discern a faint stria dividing the annulus into two horizontal halves. The interval between the constrictions varies from rather less than one to nearly two millimetres, and is always less in the finer than in the coarser nerve-tubules. An important structural point he has made out with the osmic acid is, that there is only one nucleus for each segment of the nerve-tube comprised between two constrictions, and this nucleus is nearly equidistant from each of these constrictions. Between the sheath of Schwann and the myeline is a little protoplasm or other albuminous substance, which is not coloured by the osmium. M. RANVIER points out the analogy of each such segment of a nerve as has just been described with a fat-cell: the sheath of Schwann corresponding to the membrane of the fat-cell; the nucleus and the protoplasm of the interannular segment being analogous to the nucleus and to the protoplasm, which renders the cell-membrane of the fat-cell double; whilst the myeline is equivalent to the fat. There is however, of course, no analogue to the cylinder axis in the fat-cell. Appearances indicative of precisely the same structure and demanding the same explanation were obtained by staining fine fasciculi of living nerves with a solution of nitrate of silver containing from one to three parts per cent. After a few minutes the nerve was cut out from the body and placed in glycerine. The surface then presented the sinuous contour-lines of broad, flat, epithelial cells, beneath which were the fine longitudinal striæ corresponding to the fibres; and scattered over these were minute black crosses, corresponding to the blackened constricting annuli and the cylinder axis, also blackened for a short distance above and below the constriction. The blackening of the latter is not uniform, but presents a series of transverse bars or striæ. Lastly, M. RANVIER, after alluding to the transverse striæ described by FROMMANN as existing in the cylinder axis, states he has discovered certain biconical thickenings in this body, the relation of which to the annular constrictions he does not appear to have been able to determine. M. RANVIER'S observations require confirmation, but are certainly of great interest, and will probably pave the way to fresh investigations, which are much wanted, into the development of the nerves.

WE have formerly on many occasions called attention to those very sad cases, unfortunately of no infrequent occurrence, in which a person rendered wholly or partially unconscious by mortal illness has been locked up for drunk in a police cell, and has been found dead or dying when visited after a short interval of time. To these cases of illness others of accident must now be added; and we must realise the possibility that anyone, if attacked by sudden sickness or seriously injured when away from home, may be sent to and fro between a police station and a workhouse, and may be dead, possibly from neglect, before any friendly hand can reach him. We commented last week upon the unfortunate dismissal of a patient from the Westminster Hospital; and almost immediately afterwards a case is reported from St. Bartholomew's in which a cab-driver in an early stage of delirium tremens was locked up all night by the police. In both these instances the facts do not seem to have been accurately set forth in the newspaper reports, and various corrections have been published by those immediately interested. The importance to be attached to them, however, is almost entirely due to the lessons of future caution which they are calculated to teach, and which we trust may not be thrown away. Mr. BRUCE has an opportunity, without unduly straining his energies or overtaxing his brain, of signalising his tenure of office by one good measure. Let him provide, or, if necessary, let him ask Parliament to enact, that every person whom the police take in charge as being drunk shall undergo careful examination from a divisional surgeon or other appointed medical officer. A certain amount of experience would render this functionary very skilful in dealing with doubtful cases, and the scandals that now occur so frequently would be likely altogether to cease. In a large proportion of cases the drunkard would be able to pay for the medical examination, and should be made to do so as part and parcel of his punishment. Where the drunkard was destitute, the payment should be made from the public funds; for it would be far better that a few pounds should be spent in this way than that life should be lost by throwing upon the shoulders of the police duties which it is impossible for them to discharge without frequent errors. We do not blame individual policemen, but the superiors who impose upon them responsibilities for which they are necessarily unfit. We greatly fear, however, that in this case, as in most others that affect matters so insignificant to our rulers as the health or lives of the general public, we shall have to wait a long time for reform. SIDNEY SMITH said that passengers would be locked up in railway carriages until a bishop was burned to death in a train. We could almost wish that some apoplectic politician might fall into the clutches of A 22, and that he might rest for a while under the stigma of being "drunk and incapable." In that event, we should doubtless have provision made for the proper care of all similarly affected, and should gain the safety of the many from the deadly peril of one.

Medical Annotations.

"Ne quid nimis."

THE COLLEGE OF SURGEONS.

AT a meeting of the Council on the 26th of March, the sanction by the General Medical Council of the conjoint scheme of examination submitted by the College of Physicians of London and the College of Surgeons, was reported by the representative of the College of Surgeons, Mr. Quain, and the scheme was referred back to the committee to be carried into effect as soon as practicable.

A recommendation by the Dental Board, to the effect that the certificate on dental practice required for the dental diploma should be received only from a recognised dental hospital, excited, as might have been anticipated, some discussion, and in the end was negatived. While wishing the Dental Hospital all success, it would be rather too much, we think, to expect the Council of the College to cut off all the general hospitals at which regular dental departments exist from the access of pupils studying for the dental profession; and we are surprised that the Dental Board, most of whose members are connected with a general hospital, should have suggested such a practice.

Mr. Erichsen's proposal to obtain returns from the Court of Examiners of the members passed and plucked from each medical school was postponed, owing to that gentleman's unavoidable absence.

THE NAVAL MEDICAL SERVICE.

THE recent death of Inspector-General Anderson has rendered vacant one of the few honours allotted to the medical department of the navy in the form of a Companionship of the Order of the Bath. Although it is not customary to fill up a vacancy of the kind except in some general gazette of decorations of the Order of the Bath, it may not be inappropriate to point out at the present moment that by the recent promotion of Dr. Jenkins, C.B., the list of staff-surgeons has lost the only decorated member belonging to it. It would seem but fair, therefore, *ceteris paribus*, that a staff-surgeon should be selected for the C.B. lately held by Dr. Anderson; and there is, we believe, one officer of that rank whose services during the Crimean war have hitherto failed to obtain that recognition which they richly deserve — we allude to Staff-surgeon Daniel J. Duigan, M.D. This officer served in the sand-bag batteries at the bombardment of Bomarsund in 1854, and was in the autumn of the same year sent out to the Crimea, where he served ashore in charge of one of the battalions of the Naval Brigade. He also served with the brigade of Marines at the capture of Kinburn. But that which redounds most to Dr. Duigan's credit is that, when the war had resolved itself into a siege, and medical help ran short in the trenches, he volunteered to do assistant-surgeon's duty amid all the miseries and dangers of the bombardment, instead of remaining, as he might fairly enough have done, with his battalion in camp. This devotion to the public service had, however, a disastrous effect upon Dr. Duigan's career, for, though he received the Mejidie at the end of the war, he neither then nor afterwards obtained that acknowledgment which his services richly merited. We trust it will not be thought too late to recognise these services when the next opportunity of conferring honorary distinctions occurs.

QUEEN CHARLOTTE'S HOSPITAL.

A LETTER in *The Times* of Monday last from "A Woman" directs attention to the good work done at Queen Charlotte's Hospital, especially in saving single women with their first child from despair, child-murder, or perhaps suicide. It must not be supposed, however, that these are the sole recipients of the benefits of the charity; for from a return for the last fifteen years we learn that 2414 married women were delivered, in addition to 3097 single women. The writer alludes to the greater mortality among the single women, and this is undeniable; for there were in the period named 117 deaths among the single, and only 35 among the married women, making the total number of deaths in 5511 deliveries 152, or 27·58 per thousand cases. But that this mortality is not due to faults in construction is evident from the fact that in the last five years, during which the number of patients has been nearly doubled, the death-rate has fallen to 13·90 per thousand, or 5·86 per thousand for married, and 20·78 per thousand for unmarried patients.

In a work entitled "Introductory Notes on Lying-in Institutions," by Miss Florence Nightingale, published last year, a somewhat severe attack was made on Queen Charlotte's Hospital on account of its mortality. But it is rather singular that in the account Miss Nightingale gives of the hospital she has made some remarkable mistakes. Thus, in the plan she gives in her book *an entire floor* is omitted, and the waterclosets are placed inside the hospital. Now for many years these last have been entirely outside the building (as anyone can see who will inspect it for himself), and ventilated from the outside, and the additional story was added ten years ago. Miss Nightingale is particularly severe on the supposed position of the waterclosets; but, singular to state, in the plan she gives of how a lying-in hospital should be constructed the waterclosets are placed in the position she condemns. The governors have lately gone to a considerable expense in ventilating the drains, and there is now a ventilating-pipe going to the top of the building from each trap in the drain. We believe this is the first hospital in London that has carried out this plan, recommended by Dr. Carpenter of Croydon.

THE BRIGHTON REVIEW.

MONDAY morning broke over Brighton Downs with a cloudy sky and a murky atmosphere. Mild squalls of rain passed over at frequent intervals, but at about noon the day made up its mind to be fine, and was in the long run by no means unfavourable for marching. Brighton and Lewes were astir at cock-crow. Mr. Cordy Burrows, well known to us all as the saviour of this year's review, and the mainspring of all former gatherings, again hospitably entertained the medical officers of volunteers at breakfast in the Pavilion, as well as many of the commanding officers, among whom were Drs. Mayo, John Murray, Baines, Duckworth, General Stanhope, the Rev. A. A. Morgan, Mr. Heckstall Smith, Mr. De Lisle Allen, Mr. G. F. Hodgson, and others. The host, amid many calls, in his double capacity of chief magistrate and superintending staff-surgeon, found time to tell his guests how he had organised the hospital arrangements, and where the hospitals were situated. The active conduct of the business was entrusted to Assistant-Surgeon Mayo, of "The Devil's Own," who, with the aid of Lieutenant Irving of the Control Department, organised a flying hospital, consisting of a bell tent carried on an ambulance-waggon, which provided for that portion of the force most distant from the fixed hospitals. These latter comprised a reception-room in the race-stand, superintended by Staff-Surgeon Cordy Burrows, 1st Sussex Artillery; rooms in the Industrial Schools at Warrendean, under the charge of Surgeon G. F. Hodgson, 1st Sussex Rifles; a large marquee on Newmarket-hill, superintended by Surgeon Heckstall Smith, 1st Sussex Artillery; and several beds at Balladean Farm. These hospitals were all marked conspicuously at each angle by a red-cross flag; but it is satisfactory to record that none of them were actually occupied by sick or wounded during the day. One of Lord Bury's grooms fell from his horse at Lewes (as it was reported, in an epileptic fit), and was seriously injured, and a similar accident occurred at the same place to Lieutenant Fryman, of the 6th Cinque Ports Artillery. The day and its doings were, indeed, from a medical aspect, singularly uneventful. Some few men fell out, of course, and we are informed that one or two malingerers objected to march up hill; but the general appearance of the men as they returned to their respective rendezvous in the enclosures of the Old Steine denoted a large amount of sound and satisfactory physique.

In acknowledging most emphatically that kind courtesy and untiring energy on the part of the Mayor of Brighton which have had so much to do with the success of the review, it is proper to observe that, according to our own knowledge and belief, medical officers of volunteers do not profit sufficiently by the good example that he has set them, and the want of care and absence of knowledge displayed by some of our cloth as to the geography of the review was truly astonishing. A correspondent informs us that the surgeon

in charge of a very distinguished artillery corps was, up to the close of the day, entirely ignorant as to the *locale* of the fixed hospitals; and we are also told of another artillery corps that mustered in great strength, but went out perforce without a single medical officer, although no less than four doctors hold commissions in the regiment. If those of our readers who belong to the Army Reserve neglect their duty in this fashion, they must not complain if the War Office authorities ride rough-shod over them, and make regular service men responsible for the conduct of the medical as well as the military arrangements of these Easter Monday reviews.

DOSIMETRIC MEDICINE.

WE have received from M. Burggraeve, Professor at the University of Ghent, and senior surgeon to the hospital, a lithographed circular on the above subject, addressed to the medical press in general. The Professor states that, now-a-days, accurately defined therapeutical preparations should take the place of complex remedies; and that alkaloids, in the shape of granules, should exclusively be given. By very small doses the maximum and minimum necessary for each patient can be experimentally made out; and, if necessary, as in pleuro-pneumonia, the pulse and the temperature can be rapidly brought down by granules of veratrine and digitaline; pain can be relieved by cicutine and aconitine, and nervous power sustained by strychnine. The great point with the author is to avoid the effects of the remedy on the mouth, and to insure its great division in granules. M. Burggraeve takes a rapid survey of fevers, specific diseases, neuroses, dyspepsia, anæmia, tuberculosis, diseases of children, &c., and thinks he has proved that remedies given in granules are most efficacious. He refers those who would drink deeply of his system to his work entitled, "A Guide to Dosimetric Medicine," in 18mo, to be obtained at the depôt of dosimetric medicines, No. 188, Faubourg St. Martin, Paris.

That bulky and nauseous medicines should be avoided all will allow, but such precautions may be left to the experience and good sense of the practitioner, and need not the building up of a new and universal system. These great blows always miss their aim. We may add that the manner of propagating this system smacks a little of the modes adopted by the advertising crew. Had not M. Burggraeve held the honourable position of University Professor and hospital surgeon, we should hardly have thought it right to notice Dosimetric Medicine.

H.R.H. THE PRINCE OF WALES.

DR. G. V. POORE, Physician to his Royal Highness the Prince of Wales, announces that the health of his illustrious patient has immensely improved, not only since leaving England, but even during his brief sojourn in Rome. Dr. Poore has conferred with the distinguished Roman physician, Dr. Pantaleoni, as to the meteorological conditions of the Eternal City, and that highest of authorities on the subject is of opinion that at the present season there is nothing to be apprehended from malarious or telluric exhalation. The convalescence of his Royal Highness could not proceed under more satisfactory circumstances.

TRAINING AND ITS RISKS.

SOME remarks of ours on the University boat-race have been controverted by *Land and Water*. With the spirit in which our contemporary writes we have no fault to find; but he must excuse us for holding that our thesis is still untouched. Professional watermen, he asserts, "require a longer spell of training than an amateur"; and he accounts for this by saying that these men relapse into excess of diet and drink when out of work. There are, however, cases known to us of watermen who do not so relapse, and whose getting into rowing form takes a decidedly shorter time than the same process in an Oxford and Cambridge crew. He adds: "It is an error to assume repeated spurts during a race." If so, we err with the reports of nearly every race that has been rowed over the Putney course for the last ten years. "The magnificent spurts of Griffiths" did not save from defeat a recent Cambridge crew, though these spurts were answered with a pluck and persistence that left the eight in undeniable distress. The practising of spurts, moreover, is one of the most essential points in preliminary training; and for the simple reason that they are constantly required. As to the comparative vitality of rowing and non-rowing men, we beg to differ most decidedly from our contemporary. We could mention numerous cases in which the reserve-force of the system has been so forestalled by amateur oarsmen that not only specific vascular disease, but physical decrepitude, has declared itself long before the meridian of life. Our contemporary will admit the propriety of our declining to mention names, but within the last few days we have seen a list of cases in which not only premature ill-health but death itself was induced by the constant practice of rowing followed by the tremendous final struggle. It is not only, as we have already pointed out, that the transition from customary to athletic regimen, and *vice versâ*, has evils of its own, even in the case of professional watermen; but such evils are aggravated for the university amateur, who has so often to proceed from hard rowing to hard reading. Our contemporary may not have found, in his experience, that the ordeal of the boat-race has produced immediately bad effects on those who make such sports the business of their lives. Our remarks, however, were directed not to the immediate but to the remote evils of amateur boat-racing, when indulged in by men who adopt the regimen of the athlete only for the nonce, and who are thereafter compelled to exchange it for the discipline of the schools, itself a sufficiently trying experience to those who make a serious business of college work.

OPHTHALMIA IN THE NORTH SURREY SCHOOLS.

WE have received an interesting Report, by a Committee of the Board of Guardians of St. Mary Abbotts, Kensington, on the sanitary condition of the North Surrey District Schools at Anerley, where contagious ophthalmia and skin diseases have been very prevalent for some time past. The report, although couched in extremely moderate language, describes a state of things which seems to show great dereliction of duty somewhere. It appears that the children have been permitted to use towels, combs, and hair-brushes in common, although Mr. Critchett, as long ago as November, 1870, laid stress upon the necessity of a separate towel being given to each child. The nursing staff has been insufficient, and the school has been practically used in some cases as a hospital, sick children having been sent there, and no one having authority to refuse to take them in. The Committee point out the proper remedies for these evils, and we trust that their sound and practical suggestions will be acted upon without delay. The very formidable character of the contagious ophthalmia, and the necessity of the most stringent measures for its removal or prevention, cannot be impressed on guardians too strongly; since the disease is liable to linger in large communities in an almost latent and easily overlooked form, and now and again to burst out in epidemic violence, or to assume a most destructive character.

POOR-LAW AMENDMENT (SCOTLAND) BILL.

THE clauses in this Bill, now before Parliament, brought in by Mr. Crawford, embody the recommendations of the Select Committee which has been engaged in investigating the question of poor relief in Scotland during the two last sessions. The Bill proposes, "that the parochial board of every parish shall appoint a fit person or persons to be medical officer or officers, who shall be paid a suitable salary, the amount of which shall be fixed, with due regard to the population, the extent of the parish, and the number of paupers, and that such salary shall be exclusive of the cost of finding drugs." It further ordains "that such medical officers shall not be removed without the approval of the board of supervision (analogous to our Poor-law Board), which board will have power under the Bill to revise salaries, where shown to be insufficient." It further directs, "that the parochial board shall provide one or more dispensaries, situate at or in the vicinity of the residences of the medical officers, and that the cost of the drugs and the stipends of the medical officers shall be a charge on the Consolidated Fund, to the extent of one half at the least."

These principles of proposed legislation will, if adopted, effect a radical reform in the system of medical relief in Scotland, where, as is well known, such relief has been even more (if possible) neglected than in England; and they are the practical expression of the views so persistently advocated by the Poor-law Medical Officers' Association (the propriety of the adoption of which views we have always urged); indeed, they may be said to be the outcome of the work of that society, as we learn that some of the members of the Parliamentary Committee have been present at the meetings, and taken part in the proceedings of the Association.

There is, however, one subject which has been omitted from the Bill, and to which a correspondent calls attention elsewhere in our columns—viz., the provision of superannuation of Scotch medical officers. We cannot, however, but regard this as a mere oversight; still the prospects of obtaining it, indeed the success of the Bill itself, will largely depend upon the aid afforded the author of the measure by the Scotch medical service. Let these, therefore, petition at once in its favour; in this they might be gracefully supported by the various Scottish medical corporations, who here at least might find a platform on which to co-operate for the public benefit.

THE ANATOMY ACT.

WE are glad to learn that the working of the new Anatomy Act, which, it may be remembered, was brought forward at the instance of Professor Humphry, has been very successful at Cambridge. There has been an ample supply of subjects, and more good work has been done in the dissecting-room than in any former year. Possibly what we hear respecting the searching character of the examinations in practical anatomy for the degree of M.B., as recently conducted, may have contributed to give an impulse in this direction.

HEALTH INSURANCE.

MR. FAIRLIE CLARKE'S article on "The Use and Abuse of Hospitals," in the current number of *Macmillan*, will serve a useful purpose in calling attention to the great want of health statistics in this country, for a purpose which is probably little understood. It is beyond question that there is every year a continuous increase in the number of persons who avail themselves of gratuitous medical relief, and it is equally undeniable that a considerable proportion of these are in a position to pay something, however small the sum, for medical aid. Every encouragement should be offered to such to make provision out of their own means against sickness, and thus to relieve the now overburdened medical charities of what greatly diminishes their power of helping the really necessitous. As the means most readily available to this end, Mr. Fairlie Clarke strongly urges the extension of the provident dispensary system. The benefit clubs, as he says, are inadequate to the requirements of the case, for several reasons, the chief of which is that their operations are restricted by the principle of selection which, under their present conditions of existence, they are obliged to adopt. But the same cause which makes the selection of the benefit-club an arbitrary and not very trustworthy basis of business, helps to prevent the establishment of self-supporting provident dispensaries—namely, the want of national statistics of sickness upon which the necessary calculations of the chances of sickness among men, women, and children in the lower classes, with the corresponding rates of payment to meet those chances, could be made. In his masterly treatise on Life Insurance, contributed to the Registrar-General's Twelfth Annual Report, Dr. Farr demonstrates that *health* insurance may be effected for any class upon the same plan as *life* insurance, the essential thing in both cases being a trustworthy and sufficient series of observations as to the sickness and mortality of the community. If, adopting the views set forth by their own officer in 1853, the Government of that day had instituted a system of sickness returns side by side with the returns of mortality, there would now have been abundant data for the actuarial calculations requisite to start self-supporting provident dispensaries as well as sound benefit societies. But all this has yet to come, and it remains to be seen whether the Government of 1872 will be wiser than its predecessors. We have repeatedly urged the importance of Sickness Returns from a sanitary standpoint, but we are obliged to Mr. Fairlie Clarke for reminding us of another and equally important use which they would subserve in respect of health insurance.

A "HOSPITAL SUNDAY" FOR LONDON.

How long is London to be without a "Hospital Sunday"?—a day on which all its churches and sects shall forget their differences and prove themselves the true representatives of Him who went about healing all manner of sickness and all manner of disease among the people. With this movement so wonderfully and increasingly successful in all the large provincial towns, it cannot be much longer deferred in the metropolis. It is not only that the hospitals and dispensaries of London would be greatly benefited by it, but that the churches need it. They need a great humanitarian centre round which to meet—a common cause in which to unite and rival each other. We commend this cause to leading men of every section of the Christian church. The suburbs are only waiting for the sign to be given, and if it is not given soon they possibly will act independently. Wounded men of foreign countries excited universal interest a year ago, and properly so. But we ought to vindicate our Christianity by care for the sick poor in our own midst, whose sickness is none the less worthy of help because it comes without the pomp of war, but is itself often a sort of war with poverty and other hard physical conditions. What a noble cause to unite Christians! Churchman, catholic, nonconformist, and secularist might all conform to this great institution, and the sooner the better. Men are tired of ancient forms of strife, and want to see a real provocation to love and good works. And of all such devices a "Hospital Sunday" is one of the best.

DR. FRANKLAND'S WATER REPORTS.

WE do not know any class of people in the world more deserving of commiseration than the London water consumers. Bandied about from pillar to post, handed over to Royal Commissions and Select Committees, they escape from these to find themselves playing shuttlecock between the Water Companies and the Registrar-General, with the Board of Trade as a *tertium quid*. Since 1865 the results of a comprehensive analysis of the chemical constitution of the supply made monthly by Dr. Frankland have been adopted officially and published by the Registrar-General in his Weekly Returns. Such publication has more than once led to formal complaints of defective purity being lodged by the consumers in certain districts against the companies supplying them, and in consequence there have been investigations at various times under Government authority, which have invariably resulted in demonstrating the need for improvements in the supply works. The most recent of these official inquiries is no exception to the rule in this respect. Major Bolton, the Board of Trade Water Examiner, having lately had to consider certain allegations made by South London water-consumers as to the quality of the supply of the Lambeth and Southwark Companies, has, to a large extent, admitted, by the conclusions at which he has arrived, that the complaints of the consumers were well founded, though he takes exception to the way in which Dr. Frankland drew attention to the defects afterwards complained of. But if it were proved to-morrow that Dr. Frankland had systematically exaggerated the defects of the London water-supply, the consumers nevertheless owe him a debt of gratitude for those works for rendering the supply more pure of which Major Bolton speaks as being either now in progress or lately completed.

It must be borne in mind that ever since 1852 the companies have been required by law to "effectually filter" all water supplied by them within the metropolis, whereas after the lapse of twenty years Major Bolton is still obliged to speak of "effective filtration" as something yet to be accomplished, and which it would seem even now to require further legislation to secure. And, after all, it is sufficient proof that in the main Dr. Frankland has been right, that, in consequence of his reports, the companies have felt themselves obliged to make costly improvements which they would hardly have undertaken if the need for them had not been pretty clearly demonstrated. That the companies would like to see Dr. Frankland's reports suppressed we can well imagine, but from the consumers' point of view we are glad to find the Registrar-General expressing in his last Weekly Return his intention to continue unintermittingly the surveillance over the metropolitan water-supply which those reports enable him to exercise on behalf of the public.

ST. ANDREWS UNIVERSITY.

LORD NEAVES, one of the judges of the Court of Session, and well known as an accomplished philologist and man of letters, has been appointed Lord Rector of St. Andrews University by a majority of three over his rival, Professor Huxley. His Lordship's claims, though of a different kind from Professor Huxley's, are quite as high; while the fact of his residing within a few hours' journey of the University is, of course, an advantage to his constituents and to himself. The St. Andrews students may be congratulated on having satisfactorily concluded a contest which, both at the beginning of the session and at the close of it, must have seriously interrupted their studies. Rectorial elections north of the Tweed are, we fear, becoming a nuisance. Our English readers are not, perhaps, aware that the electors, as a rule, are mere boys of from sixteen to eighteen years of age, who cannot be supposed to have any matured or discriminating judgment on the respective merits of the public men between whom their preferences are divided. That a body of lads, numbering less than two hundred, like the students of St. Andrews, should have it in their power to appoint as Rector a man such as Lord Lytton, or Mr. Ruskin, or Professor Huxley, and drag him down from London to deliver an oration, is as much a stretch of privilege on the one side as of good-nature on the other. It often happens, moreover, that the Rector is received by his undergraduate constituents with a discourtesy and even tumult out of all keeping with the dignity of the occasion or the respect due to a distinguished and obliging stranger. A few more demonstrations like that exhibited at Sir W. Stirling Maxwell's installation at Edinburgh, and the privilege so grossly abused by the academic youth may justly be withheld.

THE GERMAN CROSS OF MERIT.

THE Superior of the sisterhood of All Saints in Margaret-street, who, together with several of the sisters, materially aided in the care of the sick and wounded in the late war, has received through Countess Bernstoff an autograph letter of thanks from the Empress of Germany, together with the decoration of the Cross of Merit. This Order has been sent, as the letter states, by command of the Emperor, and the Empress desires that it may be "kept by the Society in sorrowful remembrance of that momentous time, and as a gift of thanks which, as Empress of the German Empire and Queen of Prussia, I owe, and with pleasure send, to you."

The decoration consists of a black Maltese cross mounted in silver, having in the centre the well-known red and white cross—the badge of the Swiss Convention. On the reverse is the imperial crown, with the monogram W.A., and 1870, 1871. A bow of black and white ribbon is attached to the cross, and the whole enclosed in a morocco case.

TOO BIG FOR HIS CLOTHES.

WE may gather from a late memorandum of the Duke of Cambridge two things, at any rate, in regard to the army—viz., first, that the men who enlist into it can scarcely complain of being less well-fed than they had been before enlistment; and, secondly, the good effect of military and gymnastic exercises on physical development. The Duke of Cambridge says his attention has been drawn to the fact that the clothing fitted to recruits on joining the army, after a short course of drill and improved diet, becomes too tight across the chest and around the neck, and, consequently, prejudicial to health. His Royal Highness has therefore directed that commanding officers are, in future, to take care that the clothing supplied to recruits be as loose as possible, to enable them, as they increase in size, to undergo their drill without impeding the free use of the lungs and the action of the heart. We strongly suspect that it is mainly to the drills and exercises that the increased size of the chest and neck is to be attributed. As regards the amount of the ration, we hold that a pound of meat per diem is requisite for growing men undergoing any degree of hard work. At the same time, it is only fair to state that the soldier's present rate of pay enables him to supplement the Government allowance by private purchases; and that a late commission, as the result of its inquiry into the matter, considered that to increase the soldier's pay would prove more tempting to the recruit class, as well as more judicious, considering the varieties of men's tastes and appetites, than the issue of an increased meat ration. It is, we think, to be regretted that cheese,

which is a cheap and good form of azotised food, does not form one element of their daily ration. Whilst upon the subject of recruiting we may express our surprise that the Government does not advertise the terms which the army has to offer to young men in the form of a handbill, or adopt some similar experiment for publishing them. It would also, we feel sure, be far better to state what is the amount of daily pay to which a soldier is actually entitled without embarrassing young chawbacons of limited intelligence and defective education by giving them any problem to solve about stoppages.

THE HEALTH OF THE NAVY.

DR. MACKAY'S statistical abstract of the health of the navy for the year ending June, 1871, shows a reduction in the number of cases of disease and injury, but a terrible increase of mortality due to the loss of H.M.S. *Captain* in October, 1870, leading to the death of 478 officers and men. The highest sick-rate on any station was on the West Coast of Africa, and here it fell below the average of fifteen years, and so, also, on the East India station, the next highest. On the Australian station the high ratio of sickness was due to trivial maladies, and the China station was unusually healthy. The vessels employed in Japan and the northern coast of China enjoyed the largest measure of health, the most sickly being those stationed to the southward, and particularly on the Straits division of the station.

It is gratifying to learn that the iron-clads show very satisfactory bills of health, contrary to general expectation. These vessels were employed on various stations, and bear a most favourable comparison with all other classes of ships of war. The Admiralty appears to have taken vigorous measures for ensuring the revaccination of the men and boys in the fleet, and it is noted that in a large proportion of cases, even where excellent vaccination cicatrices existed, the operation was attended with most successful results, a perfect vaccination vesicle being obtained. *In re* the contagious diseases controversy, we may note that of St. Helena Dr. Mackay remarks that "the Contagious Diseases Act is in operation on the island, but, unhappily, it is only partially carried out; the most important provision of all, the periodical examination of prostitutes, not being in force"; and also that it is noted that "considerable loss of service was occasioned by venereal diseases contracted chiefly at Halifax, where it is stated the stringency of the provincial and municipal laws against prostitution had been relaxed since the confederacy of the Dominion, but it was hoped and anticipated that a Contagious Diseases Act for that town would shortly be passed by the Canadian Legislature."

CLAUSE 41 OF MR. STANSFELD'S PUBLIC HEALTH BILL.

IT is proposed in this clause that if any person throws or causes to be thrown or to fall, or knowingly permits to be thrown or to fall, into any sewer or drain, any cinders, ashes, bricks, stone, earth, mud, or other like substance, he shall be liable to a penalty not exceeding forty shillings. This clause is intended to meet a great and increasing evil, but it fails to meet it completely. In some districts it is impossible to enter the sewers on account of the stench produced by the refuse liquors of certain manufactories, and in Liverpool the practice of discharging steam and boiling water into the sewers rendered them most dangerous. Nor would the clause meet the case of persons who put improper matters into watercloseta, and so obstruct the drains. The clause requires amendment as follows: The words "privy and watercloset connected with, or discharging into, the public sewers," should be inserted after the word "drain"; and after the word "mud" should be added "or other obstructive substance, or any matters whatever from which, or in consequence of which, dangerous or offensive effluvia are given off in the sewers, or any water exceeding the temperature of 120° F." This would effectually exclude steam, acid liquors, and other matters liable to create a nuisance. The penalty should be repeated for each offence.

THE KNIGHTSBRIDGE BARRACKS.

THE English are a long-suffering race. Our old friend, the Knightsbridge Barracks, still survives spite of its having been pretty universally condemned. A correspondent assures us that pedestrians along the pavement of Kensington-road outside the wall of the barracks must be prepared to encounter the very unsavoury odours that emanate from that part of the building; and he wants to know whether it is the intention of the Government to appropriate some of the money recently voted by Parliament to the erection of barracks in a locality where the necessary sanitary arrangements can be made for the soldiers without annoyance to everybody else.

UNIVERSITY COLLEGE HOSPITAL.

THE report of the annual meeting of the governors of this charity, published in the daily papers, gives a satisfactory account of the prosperity of this hospital, which has now attached to it one of the largest medical schools in London. We notice reference to a "tri-liberal" donation of £1000, one of £2000 from Sir Richard Wallace, and some smaller gifts; but we fail to see any acknowledgment of the fees for clinical instruction, amounting to over £2000, all of which are annually surrendered by the medical staff to the charity! Such a sum, taken out of the pockets of the medical officers annually for the last forty years, merits at least a passing acknowledgment at the hands of governors who subscribe an annual guinea or two. We understand that H.R.H. Prince Arthur has kindly consented to preside at the annual dinner on behalf of the charity, to be held at Willis's Rooms on Thursday, May 9th, when we have no doubt the friends and old pupils of the College will not fail to attend.

THE AGRICULTURAL STRIKE.

THE strike of farm-labourers in Warwickshire, with the prospect that, if successful, it will extend to other counties of England, is a matter that cannot be regarded with indifference by medical practitioners. The state of the agricultural hands has long been the despair of all who were called upon to treat them in sickness, or in any way to minister to their physical or moral welfare; and it is impossible to refuse our hearty good wishes to any well-devised endeavour to lift them out of the mire in which they have been left by the steadily progressive advancement of other classes of the community. There appears to be no doubt that the Warwickshire labourers are better off than those in many other counties of England; and we regard it as a good omen that the movement has commenced among them, rather than amongst their more down-trodden brethren in Devonshire or Dorsetshire. In the statements that have been made on the employers' side of the question, for the purpose of disproving the assertion that a family is maintained on 10s. or 12s. a week, it is remarkable how much prominence is given to the earnings of the wife. Now we entertain a very strong conviction that, in order really to elevate the labouring classes, of whatever kind, it is essential that the earnings of the man should be sufficient to maintain the family at the normal

standard of comfort; and that the married woman should have it as her first duty to take proper care of her house and of her children. The withdrawal of the labour of married women, both from the field and from the mill, would not only at once raise the wages of the husband, but would also tend to place a check upon the early and imprudent marriages to which so much misery is in many cases to be ascribed. If the proposed Agricultural Union should escape the perils of infancy, and should survive the treacherous blandishments of party politicians, we commend this question of female labour to the early attention of the directors.

THE CHELMSFORD DISPENSARY AND INFIRMARY.

ACCORDING to the statements in the *Chelmsford Chronicle*, things do not appear to be "working together for good" for the above institutions; on the contrary, their prosperity has been seriously imperilled by recent events. Mr. Carter was elected by the Committee to fill Mr. Gilson's vacancy, and his services were to be of a gratuitous character, while those of Dr. Nicholls, the senior surgeon, to whom the institution owed its origin and very much of its past and present success, were paid for. As the professional duties that had to be performed by the two gentlemen were of a similar nature, Mr. Carter's position was an anomalous one, and he naturally became anxious to escape from it. The gratuity given to Dr. Nicholls is small enough; but if the Committee had been desirous of withdrawing it they should at least have had the courtesy to inform him of their intention, and of their determination to appoint an unpaid man as his colleague. The *Chelmsford Chronicle* suggests that it would be well to call a special general meeting of the subscribers, which would probably be somewhat stormy, and might, therefore, serve to clear the atmosphere. After all, it is the unfortunate persons who may become recipients of the benefits of the charity that suffer by the present state of matters, and everything might surely be properly and speedily adjusted by the exercise of a little judgment and mutual forbearance on the part of those interested in the institution.

MEDICINE AND THE STOCK EXCHANGE.

THE qualities ensuring success in the profession of medicine and in commercial enterprise are generally considered to be widely divergent, and so seldom do we hear of members of our profession figuring in the great monetary world, that when a case is met with tending to disprove the oft-repeated assertion of the inaptitude of medical men for finance, it deserves chronicling.

On Wednesday, the 27th ult., the flag of the Manchester Royal Exchange was hoisted half mast high in consequence of the death of Mr. Thomas Heywood, L.R.C.S. Ed., a director and one of the largest shareholders of the Exchange. Mr. Heywood had been for many years in practice at Pendleton, and had only retired within the last three or four years. His death was rather sudden. At a meeting of the shareholders of the Exchange, the chairman, Mr. Murray Gladstone, alluded feelingly to the death of Mr. Heywood, and the following resolution was passed:—"That the directors have heard with regret the announcement of the sudden death of Mr. Thomas Heywood, who was on his way to attend this meeting. Mr. Heywood's amiable disposition endeared him personally to his colleagues, whilst his aptitude for business and clearness of perception have rendered him a most valuable member of this board during his connexion with its deliberations. The directors desire to convey to Mrs. Heywood and family this expression of their sincere condolence with the lamentable bereavement which they have sustained."

THE Sanitary Inspector of New York, in a report recently published, comments severely upon certain unprincipled builders who erect whole blocks of houses in the City without making any provision for drainage and sewerage. These "shoddy" speculators make money by using leaden pipes not sufficiently strong to resist the pressure of the water; traps to waste-pipes that will not retain either water or gas; and stoneware drain-pipes remarkable for nothing but their porosity.

IT is stated that the Queen has desired Colonel Henderson to inform her of any cases of distress arising from the accidents on the Thanksgiving Day. As yet only one case has been discovered—that of a poor woman who kept a little school, which, during her forced absence, was broken up. Her Majesty has sent her £20.

THE health of Paris is at present stated to be very bad, fever of a low type being very prevalent. The sanitary authorities are, however, actively engaged in pushing forward improvements in the system of drainage.

AT an inquest held on Monday on the body of a child aged sixteen months, Dr. Lankester censured a medical man for having given a certificate of death when he had not seen the child within five days of death.

THE death is announced of Lady McGrigor, widow of Sir James McGrigor, Bart., K.C.B., late Director-General of the Army Medical Department. Her ladyship was upwards of ninety years of age.

IN London last week there were 125 deaths registered in the various hospitals, and 163 in the workhouses. During the same period the number of deaths from violence was 46.

THE Bishop of Winchester will take the chair at the Biennial Festival of the Royal National Hospital for Consumption, Ventnor, at Willis's Rooms, on the 22nd inst.

ON Tuesday a large and influential meeting of Leeds manufacturers was held, when a resolution was passed to oppose the adoption of the Public Health Bill.

DR. BRADBURY, the Linacre Lecturer in Medicine at Cambridge, will lecture on Pathology on Tuesdays, Thursdays, and Saturdays during the Easter Term.

THE Town Council of Scarborough have appointed Dr. John Taylor as their medical officer of health, at a salary of £30 a year!

WE are glad to observe that Mr. Charles J. Grellet, M.R.C.S.E., is a candidate for the Coronership of Hertford, and hope that he will succeed in obtaining his election.

CHOLERA has broken out in the Nerbudda Valley, India. It is also prevalent in the Nuddea district of Bengal.

LAST week the medical students of University College assembled for the purpose of recording their high esteem for G. D. Thane, Esq., M.R.C.S., senior Demonstrator of Anatomy at that College, and presented him with a handsome gold watch, engraved with a suitable inscription. The presentation was made by one of the senior students, who, in a very appropriate speech, expressed the gratitude of the donors for the unceasing attention and aid of their demonstrator, which was feelingly responded to by Mr. Thane.

Public Health.

THE DUTIES OF MEDICAL OFFICERS OF HEALTH.

No. IV.

UNLESS the fundamental conditions of public health are satisfactory the efforts of the most energetic medical officer of health will be to a great extent neutralised. It is quite true that the surveyor is the officer primarily responsible for the construction and condition of the public sewers, as are also architects for the arrangements of the drains. But so much ignorance and so much neglect have occurred and still occur that the medical officer ought to make himself thoroughly acquainted with the more common defects, and with the best arrangements.

Sewers.—All sewers constructed with loose and open brick-work should be removed, as certain to produce irremediable contamination of the subsoil. Sewers with flat, square bottoms should either be altered in shape or removed. Deposits must take place in them, and it is from such deposits that the most dangerous stinks arise. The proper shape for a sewer is that of an egg, with the narrow end below. The smallest flow of sewage is then sufficient to carry forward such matters as would deposit in a slower current. Sewers should be made to act as land drains, but it is not necessary that they should be large enough to carry off all the surface water, as that may generally be permitted to find its own way to the natural drain, or river of the district, without causing much injury. It is not always desirable that the sewers of a town or district should terminate in one outfall sewer. Such an arrangement frequently gives rise to congestion of the outfall sewer, to the backing up of sewage, the forcible displacement of sewer-gas, and to deposits in sewers not having very rapid gradients. Main sewers should not be constructed of common bricks, but of bricks specially moulded to the radii. The bricks should be set in cement on hydraulic mortar. Main sewers should have storm outfalls wherever practicable. All sewers should be constructed in straight lines from point to point, and the gradients should be as true as possible in order to secure a uniform flow of sewage. Sewers should not join at right angles. Tributary sewers should deliver the sewage in the direction of the main flow. At junctions and curves there should be extra fall, for wherever the flow is checked there is a greater liability to deposit. No sewer outlet should be exposed to the full force of the wind or tide. There should be an iron flap-valve over the orifice. All sewers should be provided with means of access without breaking up the pavement. This is usually accomplished by the erection of man-holes with movable covers and step-irons for descending. At the bottom of these man-holes there should be a groove to allow of the insertion of a board. By this means the sewage will be dammed back, and when the board is removed the sewage will rush down and carry before it deposits which may have accumulated below. In the dead ends of sewers and the outskirts of towns flushing chambers should be provided. In these the sewage is allowed to accumulate, and the flushing board being suddenly withdrawn the sewer is cleansed by the rush. Where the supply of sewage is insufficient, water must be used. Under no circumstances must flushing be altogether dispensed with, as a jelly-like substance is formed on the sides of sewers at the point where they are alternately wet and dry, which gives off most dangerous emanations. All sewers should be provided with ample means of ventilation, and the ventilators should be available also for inspecting the sewers. Main sewers should be provided with air-shafts reaching to the surface, not further apart than from sixty to one hundred yards, and especially at junctions and curves. These ventilators should be made to open, so that a lamp may be lowered into one, and a reflector into the next. In this way every sixty yards of sewer may be inspected as often as may be necessary, and the first beginnings of deposit are observed and flushed away. Ventilators and man-holes may be protected by charcoal trays. Care must be taken that the charcoal does not check the ventilation. For every square inch of surface outlet there should be at least fifty square inches of charcoal tray. The charcoal should be fresh and clean. It should be broken into pieces about as large as coffee berries, and laid on the trays about three inches in depth. The trays must be protected from the dirt and wet, and the charcoal should be taken out and heated to redness about once in six weeks. The side-gullies of the roadways should be trapped, and so constructed as to catch the road detritus. In summer attention should be given to them, lest they become dry and useless. The flap-gullies used in Liverpool render such care unnecessary. In hilly towns care must be taken that the sewer gases do not accumulate at the upper parts of the district. There should be flap-valves in the sewers at frequent intervals, as well as an extra number of ventilators. The ventilation of sewers may also be promoted by communications with factory chimneys and with the down rain-spouts of houses; but no reliance can be placed upon such means without abundant openings in the roadway.

The question of prohibiting the discharge of offensive liquids into the sewers is under the consideration of Parliament, and is alluded to elsewhere.

HEALTH OF LONDON AND OTHER LARGE TOWNS IN 1871.

The time has once more come round for the appearance of the Registrar-General's Annual Summary, which passes under review the vital statistics of London and the other large towns as displayed in the Weekly Returns of the completed year. For many years these annual summaries related to London exclusively, but of late their scope has become gradually extended, until for the year 1871 the recorded facts embrace London and sixteen of the largest English towns, Edinburgh, Glasgow, and Dublin, at home; while abroad, Paris, Berlin, Vienna, Rome, Calcutta, Madras, Bombay, and New York have been laid under contribution. As regards, therefore, an important section of the population of the civilised world, the interested observer can, within limits approximating fairly to the truth, measure the relative chances of life under the most varied physical conditions. For the continental cities the series of weekly returns has hitherto been subject to interruptions which deprive them of the value attaching to a continuous series, but the past year we may hope was exceptional in this respect. In two out of the three Indian cities, the mortality compares favourably with city death-rates at home; in Bombay the rate last year was 20 per 1000, in Calcutta 24, and in Madras 30. Remittent fever was the disease most fatal in Calcutta and Madras. In New York the mortality was 29 per 1000; and it is noticeable that whereas the corresponding rate in London was 25 per 1000, the number of deaths caused by the eight principal zymotic diseases was relatively the same in both cities. The death-rate of the twenty chief towns of the United Kingdom taken in the aggregate was 27 per 1000; the towns with rates *below* the average for the whole were Portsmouth (19), Bristol (23), Hull (23), London (25), Birmingham (25), Bradford (26), Norwich (26), Nottingham (26), Dublin (26), Leeds (26); in Leicester and Edinburgh the rate was exactly the average, while the average was exceeded in Wolverhampton (28), Sheffield (28), Salford (30), Manchester (31), Newcastle-on-Tyne (32), Glasgow (33), Liverpool (35), and Sunderland (37). Some statistical theorists have maintained that "wherever the rate of births to the population is highest, there also the mortality is greatest," but a comparison of the birth- and death-rates of the large towns for 1871 conclusively shows the untenability of any such proposition. The birth-rate fluctuated within the limited range of from 33 to 41 per 1000, while the death-rate range was from 19 to 37; and if the towns be ranged in the order of their birth-rates, it turns out that six towns with birth-rates of 33–35 have death-rates of 19 to 26, other six towns with birth-rates of 37–39 have death-rates of 25–35, while in seven others the birth-rates are 39–41 against death-rates of 26–37. The overlapping of the death-rates in these three groups of progressively increased birth-rates proves that the relation between the two elements is not the simple one which the above-mentioned theorists appear to assume. The fact also that the rates for 1871 are calculated not on an *estimated*, but on an *enumerated* population for each of the towns, entirely gets rid of one form of

objection which has been taken to the ordinary death-rate calculations.

THE HEALTH OF SEWER-MEN.

In December last a return was ordered by the Metropolitan Board of Works, showing the number of men employed in the sewers, penstock, and pumping-engine stations under the Board, together with their respective ages and length of service, the number attacked by typhoid fever, the fatal terminations, if any, and at what period from the commencement of their employment they were so attacked. The vestries and district boards were requested to furnish a similar return.

Mr. Bazalgette now reports that, of the five inspectors of sewers whose length of service averages 29 years, none have had fever. 111 men are employed in cleansing and flushing the sewers; their average length of service is ten years, and the average age thirty-four years. Amongst these there have been 4 cases of typhus fever and 1 death; one case of typhus is said to have been caught at home. 42 men are employed as penstock and flap-keepers. They have been in the service of the board for an average of nearly 18 years, and their average age is forty-six. One only has had typhoid fever. 23 men are employed at the Abbey Mills pumping station, which has been open three years. None have had fever. Amongst 78 men employed at Crossness, there has been 1 case of typhoid fever and 8 of intermittent fever. 14 men are employed in cleaning ventilators, oiling side-entrances, &c. Their average age is forty-one, and their length of service 6 years. None have had fever. 10 persons are employed in the engineers' office, and they are only occasionally employed in the sewers; their average length of service is 17·6 years, and none have had fever.

It is quite impossible to draw any conclusion from these returns. At first sight it seems surprising that there should only be 6 cases of fever amongst 234 persons employed in or about the sewers for a period of about fifteen years. An equal number of railway navvies of the same ages might or might not have had as many cases amongst them; we cannot tell. But the chief fallacy in the return rests upon the exclusion of discharged men, and, with one sole recent exception, of all who may have died. This fallacy is shown by Mr. Pink, who reports that a man named Ricketts was ill in December, 1868, but neither the date nor the time of return to work is known. This man is not now in the service of the Board, and the case shows that the present return embraces those chiefly who have become settled and accustomed to the work.

The question as to the effect of sewer-gas is too complicated to be settled by statistics of this sort, and if the Board of Works is really desirous of discovering the truth, a much wider inquiry must be made. One thing, however, seems probable, that sewer-gases have not the same exact relation to typhoid fever as miasmatic emanations have to ague, for it cannot be doubted that the 8 cases of intermittent fever amongst 78 men at Crossness were directly due to the marshy nature of the surrounding districts.

Leeds.—We must congratulate Dr. Robinson on the result of sanitary administration in Leeds. The average annual mortality for the last five years was 26·8 per 1000; that of the five years previously 31·3 per 1000. This improvement should indeed stimulate the authorities to renewed efforts, for a very casual acquaintance with the causes of death shows how wide a field of improvement still remains. 1538 persons, for example, died from zymotic diseases. There are districts from which fever is never absent. Typhus exhibits a decline and enteric fever an increase. It would seem that contagion plays but a small *rôle* as cause, for of 511 persons suffering from fever, 246 lived where the drainage was found defective, 158 lived next to privies, 16 came from other towns, 13 were occupants of cellar dwellings, and only 61 had been exposed to contagion. Diarrhœa in Leeds is always the principal zymotic. Of 663 deaths 525 occurred in houses where the drainage was faulty or there was improper excrement disposal—a fact which, as Dr. Robinson observes, should suggest the removal of all sources of impurity from contiguity to human habitations. Small-pox, which is rarely quite absent from Leeds, attacked 289 persons in the year. Of these 47 came from other towns, and if active sanitary measures had not been adopted it is reasonable to presume that the epidemic would have assumed more formidable proportions. Leeds has been pointed to as a well vaccinated town, but Dr. Robinson says that Vaccination and revaccination require still to be more vigorously practised. In 225 cases out of 289 the disease was traceable to communication with infected sources. Dr. Robinson urges the Committee to continue their work of filling up the sepulchres of filth, of which there are still so many in the borough, and he hopes that a hospital for epidemic diseases will be built. It appears that the Sewerage Committee are engaged in ventilating the sewers, a matter which was prominently brought under their notice at the Social Science meeting. Dr. Robinson states that there is ample scope for a company for building model lodging-houses, and that a really benevolent work might be developed without much risk or loss.

Canterbury.—It would appear that the charcoal filtration of sewage as carried on at Canterbury is a complete failure. The cost of charcoal is very considerable, the filtration works are a nuisance, and there is no market for the product. It is estimated that the cost of carrying out this system for the entire city would be £757 per ann., whilst the return would not be more than £71.

Pontefract.—Mr. Harrison, one of the Local Government Inspectors, has recently reported on the absence of sewerage arrangements in Pontefract, and the Local Government Board have called upon the corporation to show cause why nothing has been done, upon which it has been resolved to carry out the works required for the completion of the sewerage and ventilation of the same, and to make such additional sewers and drains as were required.

Brierly Hill.—If evidence were wanting of the necessity for sanitary inspection, it would be found at Brierly Hill. The local board have not provided any accommodation for small-pox patients, and the guardians refuse to admit them into the workhouse. The district medical officer has reported twenty-three cases and five deaths, and he was told that it was not important, as the majority of the cases were mild. He had a dying patient in a room only six feet square, and another in a house so dilapidated that the front had fallen out whilst the patient was under treatment.

Dublin.—Fifty-four deaths were registered in this city for the week ending March 16th, being an increase of thirteen over the preceding week; three deaths were registered in Belfast, and eleven in Cork, during the same period. The registrar of Cork No. 7 district remarks:—"The sanitary condition of this district is generally bad; the inhabitants mostly very poor; their houses (and yards) ill-cleansed and overcrowded; manure-heaps in several places; infantile diarrhœa prevalent. Several cases of small-pox and scarlet fever have occurred."

ST. THOMAS'S HOSPITAL.

ADMINISTRATIVE ECONOMY.

NEXT to the sanitary and curative arrangements of a public hospital the economical are most important. The object sought for is to treat successfully the largest possible number of patients at the least possible expense, and the governors of St. Thomas's Hospital are not less responsible for making the best of the trust reposed in them because of the magnificence of the income they administer, or of the fact that voluntary contributions form so small a part of it.

We have already had occasion to condemn the wasteful expenditure on the architectural elevation of the hospital. Thousands have been spent on the elaborate tea-urns which will serve only to collect the London smuts, and hundreds more on decorative iron-work, which, if not protected by repeated and expensive painting, will soon decay beneath the sulphuric acid of the London atmosphere. But we could readily overlook these defects if the enormous expenditure had provided a building in which supervision had been easy and general administration and economical arrangements had been adequately secured. We fear, however, the fact is far otherwise, and that the idea of perfection which the outside indicates will not be confirmed by closer examination.

In the first place, the architect has neglected the prin-

ciple of construction which is imperative in the case of every public hospital, and even in the common workhouse—viz., that there should be but one general entrance. At St. Thomas's it is almost impossible to count the entrances. In the next place, there is no porter's lodge. The gates are open to the building, and the area in front is open to the visits of all who choose to pass into the ground. Then there are five main entrances to the hospital itself, all open for a considerable number of hours in the day. These entrances require porters, and as at two of them the porters are engaged in arranging the out-patients, it is not difficult to pass to and from the hospital without observation. But these are by no means the only entrances. There are steps leading to the basement, by which the coals are delivered and the dust removed. As neither coal- nor dust-carts pass by a porter, it is clear that they can easily remove other matters without the fear of observation. Besides, the removal of dust and the delivery of coals are operations which ought not to be conducted in the front of the building, where the carts occupy for hours together the only roadway by which the hospital entrances are approached. The dust and dirt occasioned is already telling upon the appearance of the building at these points; indeed, we apprehend that it will be quite impossible to keep the windows clean, whilst the officers whose residences are close by will not be able to open their windows without being suffocated. We conceive that it will be imperatively necessary to erect a porter's lodge, and as we shall have something more to say presently about the dust and coal, we pass into the interior.

Now, the first thing which strikes the observer is the vastness of the scale upon which everything is done, and it is obvious that this vastness will be found the source of difficulties which might have been readily foreseen. With the exception of the wards, the whole hospital has already an appearance of slovenliness and dirt. The steps and parapets are made of a porous stone which readily collects the smuts. A man was actually scrubbing the stone parapet of the area near the door with scalding water. It was like attempting to wash a blackamoor. The steps are ingrained with dirt, and even the staircases, made of the same stone, are grimy with dust. There are apparently acres of flooring and wall space which will require an army of scrubbers to keep them moderately clean, whilst, curiously enough, no provision has anywhere been made for swilling down the floors and passages. But, bad as is the condition of the upper parts of the building, it is on the basement that the lamentable effect of vastness is most clearly seen. Each block has underneath it a huge cellar, which is at present a store-room of filth. For what other purpose than to raise the elevation of the building these cellars were contrived we are entirely at a loss to conceive. They cannot be used as coal stores, because there is no access to them. They are too low for wards, and much too large for store-rooms, properly so called. In one there are a few empty coffins, in another a supply of bedsteads, but in all the floors are covered with a coating of dust rarely less than one-eighth and occasionally a quarter of an inch thick, and this although they had been recently cleaned out.

Next to the vastness of the floors and corridors is the difficulty of lighting so large a structure. The cleaning of the windows will cost a little fortune. Those of the corridors and front of the building open French fashion—which experience has repeatedly shown to be most unsuitable to this climate. Such windows do not exclude the rain, and cannot be opened in cold weather without an unnecessary and unpleasant draught. The windows of the wards, which may be counted by hundreds, cannot be cleaned at all outside. It will be necessary to have a special apparatus made for the purpose, and the person employed will be exposed to considerable danger. All this is due to the folly of making stone mullions, which prevent the sashes opening to the full extent. But the difficulty of lighting is not confined to the day time. The gas required to illuminate this palatial structure is just about four times greater than at the old hospital. There are numerous places where it is required night and day, winter and summer, as for example, the corridor in the basement near the stoke rooms and in the students' restaurant. During nine weeks recently the consumption of gas has reached the enormous quantity of 200,000 cubic feet per week, and at only half that average the cost will exceed £1000 a year.

Next comes the expense of warming. Besides fires in each ward, nurses rooms, ward kitchens, for offices and official residences; besides fires for cooking and washing, for a Turkish bath, and baths for the out-patients; besides coals for the laboratories and restaurants, there are nine special warming apparatus, having each two boilers, in which the full consumption is close upon a ton of coal per day. At the very lowest estimate, it will take 3000 tons of coal per annum to warm this magnificent palace, and the cost at 15s. per ton, will be £2250 a year, for what costs at Guy's Hospital less than half the sum. The vastness of the building and the defective arrangements for the storage and distribution of coal are a constant source of dirt and expense. The storage is so small that coal has to be delivered weekly. The governors cannot buy when it is cheap. There are no coal-shoots into the cellars. Except in one case, where it is shot through the window, the men have to carry the sacks down a flight of steps and along the basement corridor. They naturally complain of this, for in one case the distance from the waggon to the store-room is near upon 150 yards. Although a store of coal is thus carried to each block there is a further difficulty in furnishing a supply to the wards and kitchens. The labour is great, notwithstanding the use of lifts, owing to the distant and roundabout routes by which the fuel is taken, whilst the dust frustrates every attempt to keep the floors, windows, and numerous decorative projections clean.

But the vastness and height of the building cause another difficulty which surely ought to have been foreseen. The cisterns will not fill with sufficient rapidity, and the use of the lifts has not unfrequently to be suspended for want of water; indeed, it is becoming evident that the expense of working these costly machines will put an end to their general use. We are inclined to think that large lifts in hospitals are a complete mistake. The patients must be carried into the hospital, and from the lift to bed; and when the gradient of the stairs is favourable there is no real difficulty in carrying up the patient in a proper bedchair. Such huge inventions only harbour filth, and cost much to manage and supply with water, and they afford the means of communicating the foulness of one floor to those above. Moreover, all the purposes are secured by a smaller pulley lift, which is readily worked by the nurses and servants, and by them kept clean.

As in so many other cases, the shafts for sending down the ashes and dirty linen from the wards to the basement have proved a complete failure. In the first place it was oddly enough arranged that both ashes and sheets should fall into the same apartment. The consequence of this was that the sheets were utterly destroyed by the fine ash which settled upon them. This was, to some extent, remedied by making closed iron boxes at the bottom of the ash-shaft; but even then the dust could not be kept in. But another practical difficulty soon showed itself. The ash-shaft is at one end of the ward whilst most of the fires are at the other, so that the nurses had to carry their ashes through the ward. And when the ashes had arrived at the basement, they had to be carried back again from the north to the south front of the building; an operation which cost too much labour and caused too much dirt in the corridors to justify its continuance. For somewhat similar reasons the shafts for dirty linen are not used; and, spite of the constant surveillance of the steward, these shafts have now become the receptacle of rags and disused poultices. Although cleaned out from week to week, it is found that ashes and poultices and rags are still put down. Before leaving the question of dust, it may be well to call the attention of the governors to the shameful waste. Knobs of unburned coal of considerable size pervaded the ashes, and no attempt appears to be made to burn the cinders from the ordinary fireplaces in the furnaces below.

One of the principal defects has still to be noticed. It is one which we predicted in a report on the structure of the hospital, published some two or three years ago. The kitchen and store departments are ill-arranged and ill-placed. The kitchen is underneath the wards, and the steam generated during the cooking has no sufficient outlet. Any steam that gets out ascends in front of the windows of the wards above. Some very doubtful expedients have been proposed to diminish this evil, but the governors will yet have to build a proper kitchen, with a cupola roof suitable for securing the escape of the steam. The floor of the

kitchen is strewed with sand—a practice which has been condemned in barracks, and should not be tolerated in a well-managed hospital. As regards the stores, we observe, first, that they are not in connexion with the steward's office, nor is the steward's office in connexion, as it should be, with his house. This officer is accommodated near the infectious wards at the west end, whilst his office is in the middle, opposite the central door, through which the majority of visitors, &c., *do not* enter. His stores are away below. They were put there with singular want of foresight, for, as the kitchen chimney-shaft was not conveniently placed, it was found necessary to construct an iron flue descending to the store-rooms, which are thereby made so hot as to be unfit for use. The other store-rooms are dark and ill-ventilated, and inconveniently placed. A proper store-room for meat, vegetables, and other articles of culinary use, ought to be on a level with the kitchen, and so arranged as that the delivery of goods can be made without passing through any part of the building. As it is, the store-rooms are approached by stairs leading down to the basement corridor; in fact, they are carried down by the same access as the coals.

It is sad indeed to find that so ambitious a structure has been so ill arranged. The comfort and glorification of the treasurer have been well secured, but it is to be feared that the almost royal income of the charity will scarcely suffice to preserve the mass of buildings in cleanliness, warmth, light, and good repair, and that the charitable public will again be importuned to assist an institution which ought to have maintained its independence with ease, and, by the exercise of just economy, have been able to provide a convalescent branch on some country site.

THE MEDICAL CONGRESS OF LYONS.

ROUEN (1863), Lyons (1864), Bordeaux (1865), and Paris (1867), have successively witnessed French medical congresses, and the fifth is to take place again at Lyons in September next. The Paris meeting was international, but the attempt at universality was not very successful; as much can be said of the congress of Florence in 1860. Visits from foreign medical men at any congress are always cordially welcomed, but diversity of language will ever be an obstacle to international gatherings.

The profession at Lyons deserve great credit for venturing upon a congress notwithstanding the terrible disasters which have afflicted France. It is to be hoped that the meeting will be a great success.

We have received the programme arranged by the committee, and presided over by the well-known Diday; it may fearlessly be maintained that the subjects offered for essays and discussions are well chosen, bearing as they do upon points of great present interest. Communications on subjects not included in the list of the committee are also invited. The opening of the congress will take place on September 18th next, and will last nine days. Medical men who wish to join need but signify their intention to Dr. Dron, No. 5, Rue Pizay, Lyons, and are not expected to contribute to the expenses. Papers are to be sent to the same address before September 10th, and they remain the property of the congress; the essays will be subsequently published, wholly or in part, under the supervision of the organising board. We subjoin a list of the eight subjects with a few useful remarks appended by the members of the committee. These remarks are preceded by the following statement:—"The committee, in commenting upon some questions, do not wish to limit to a fixed number of points the researches which authors may kindly undertake. The committee wish, on the contrary, to concede the greatest possible latitude and universality. They have only had in view to indicate the bearings of the questions which appeared the more interesting, either from their actuality or practical character.

First question: "On Epidemics of Small-pox." In proposing this question the committee had in view the serious nature of the epidemic which has recently reigned in France, after having done great havoc in the rest of Europe, and which is still prevalent in several localities of the old and the new world. The committee think it important to centralise the experience gathered in the different countries visited by the epidemic, thus throwing light on the history of the disease, and laying bare its causes and character. The question includes the consideration of the means of preventing the epidemics, or hemming their course; the value of the different modes of vaccination; and the enactments desirable in France to favour and insure the practice of vaccination.

Second question: "On Gunshot Wounds." Attention is requested on the following points:—(1) Primary and secondary effects of the new projectiles on living tissues; a discussion on explosive bullets. (2) The indications of expectation, amputations, and resections, in fractures of shafts or articulations. These three methods should be comparatively studied, as to mortality and the preservation of the functions of the limb. (3) The mode of dressing wounds best calculated to prevent complications, and to allow the wounded to be carried long distances.

Third question: "On Ambulances in Warfare." This question naturally arose in consequence of recent events, in which the shortcomings of medical military organisation were proved, at least as far as France was concerned. The points of interest are these:—(1) Comparison of the ambulances of different nations as regards their management; (2) on the relations between the head of an ambulance and the military commander; and (3) the relations between the government ambulances and those organised by the public.

Fourth question: "On Rinderpest, or the contagious Typhus of Cattle." Attention is requested to the losses which have been entailed upon agriculture in various parts of France by the cattle-plague which has been reigning and is still lingering; to the comparative study of this disease with other virulent diseases, epidemic or epizootic, with which they may have some analogy; to the modes of propagation of the cattle-plague, and to the means most likely to arrest its progress, or of preventing its return; finally, to sanitary legislation regarding typhus in European countries.

Fifth question: "On the Causes of the Depopulation of France, and the means of checking it." The committee are aware that the depopulation is not absolute. The number of inhabitants is increasing, but this increase is becoming less and less, being inferior to that of other nations of Europe and America. The relative strength of France is thus diminishing from day to day. The causes of this diminution, too numerous to be here entered upon in detail, are of two kinds—(1) the gradual diminution in the number of births; and (2) the enormous mortality of infants. Light might be thrown on these two main causes. (*a*) The decrease of natality arises from many circumstances which the authors will have to point out. These circumstances impede marriages, or render them almost sterile; such are large standing armies, extravagance, loose morals, alcoholism, &c. (*b*) Whilst seeking the causes of the mortality of infants, the authors will have to consider the influence of maternal nursing, wet-nursing and artificial feeding; also the trade of nursing children, the offices for hiring wet-nurses, the infant refuges, vaccination, the dwellings of the parents, &c. They will also have to compare, in these respects, the results of the usages and systems adopted in different countries. (*c*) The committee request that authors, after having described the causes of the depopulation of France, will point out, as clearly and distinctly as possible, the practical means of increasing natality, and of diminishing the mortality of infants.

Sixth question: "On the Treatment of Syphilis." The power of mercury over syphilis is undeniable. It has, however, been maintained that it is not proper to give it indiscriminately to all syphilitic patients. Are there really cases of syphilis which can not only be cured without mercury, but which could more advantageously be treated without this metal? Should, on the other hand, mercury be used on the first appearance of the primary symptom, or is it preferable to commence it only when the secondary symptoms have broken out? Can a radical cure be expected by one course of mercury, and should the latter be begun in view of this

result? Or should mercury be expected simply to control the successive attacks of which the total evolution of the disease is composed? In the first case, what should be the duration of the supposed radical cure? In the second, do the symptoms of whatever kind, either isolated or in groups, forcibly point, as soon as they appear, to the resumption of the mercurial treatment? What amount of confidence should be given to the agents of the local treatment used for certain forms or certain relapses of the disease? Should the treatment by cutaneous or subcutaneous absorption (Lewin's method), either generally or in some cases to be specified, be preferred to the usual treatment by means of the absorbing faculty of the digestive organs? What is the value, and what are the comparative indications of the preparations of mercury and iodine? Point out, by means of well-ascertained facts, what reliance the medical man can place on the use of mineral waters, and especially sulphureous waters, in the treatment of given forms of syphilis.

Seventh question: "On the Reorganisation of the Teaching of Medicine and Pharmacy in France."

Eighth question: "On the Practical Means of Improving the Condition of Medical Men, and of bringing this condition into harmony with the importance of the position they are expected to take in society." The committee would call attention to the following points:—1. Prevention of the illegal practice of medicine and pharmacy. 2. The institution of corporative commissions. 3. More equitable arrangements between medical men and benefit societies.

These questions will be treated in the order in which they stand upon the programme. Thus, the first question will be taken up on Wednesday, the 18th; the second on the 19th; the third on the 20th; the fourth on the 21st; there will be no meeting on Sunday except the importance of the agenda require it; the fifth on Monday the 23rd; the sixth on the 24th; the seventh on the 25th; and the eighth on the 26th. This document is signed by the president of the committee, P. Diday, and the secretary, A. Dron.

It will be seen, by a perusal of the questions and the comments accompanying them, that a large share has been granted to professional interests, surgery, and State medicine, whilst medicine proper is left rather in the background. Altogether, however, there is a vast field for exertion, both for the medical men of France and such professional brethren in this or other countries as may feel disposed to write essays or join in the discussions. One thing is certain, and that is the cordial reception which medical men from these islands will receive at the hands of our neighbours.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

AT a meeting of the Council of this Association held on the 2nd inst., the following resolutions were unanimously adopted:—

1. That the system of Poor-law medical relief in England and Wales is in the highest degree unsatisfactory and urgently requires amendment.

2. That as the provision of drugs by the medical officer frequently places him in a delicate and false position by provoking a conflict between his interest and his duty, the extension of the dispensary system to all country towns and practicable rural areas would be most desirable; and that, as the excess of area in many rural and of population in many urban districts is very disadvantageous to the sick poor by precluding even the possibility of efficient medical attendance, such excessive districts should be reduced, and in no case allowed to extend beyond the limits already determined by the Poor-law Board—viz., an acreage of 15,000 in rural districts and a population of 15,000 in urban districts.

3. That it is desirable that the salaries of Poor-law medical officers should be placed on a uniform basis and revised triennially, so that the salaries may be estimated according to the average number of cases annually attended (due regard being paid to area); and that, as the duties of medical officers are essentially imperial, it is expedient that the whole of such salaries should be paid out of the Consolidated Fund instead of part only, as at present, or that one-half should be paid from the Consolidated Fund and the other half from a rate distributed over a whole county.

4. That as the position of the Poor-law medical officer is not sufficiently independent of local influences to justify his appointment as sole health officer of his district, it is expedient that a superior health officer, debarred from private practice, and devoting his whole time to the duties of his office, should be appointed to act over a considerable area, the district medical officer standing in the position of deputy health officer only.

5. That pending the introduction of the dispensary system, which, if generally adopted, would amount to a virtual reorganisation of the service, all additional reports and duties to be required of district medical officers should be paid for on a basis to be determined by the Local Government Board.

6. That copies of these resolutions be sent to the medical press, to members of Parliament, and to the President of the Local Government Board.

Correspondence.

"Audi alteram partem."

THE CLINICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—In your annotation, headed "Clinical Society," in to-day's LANCET, I am reported to have slit up the urethra of one patient to "within a few *lines* of the meatus." Now, in the case referred to, I stated I had slit up the urethra to "within a few *inches* of the meatus," and not, as described by you, to within a few *lines* of the meatus.

The patient will be presented for examination at the next meeting of the Clinical Society, when you, Sir, will be able to judge for yourself.

It is only fair to Mr. Jonathan Hutchinson to observe that I did not quote his opinion in support of the operation, but merely to the effect that he considered a patient who passed his urine through a fistula in the perineum better off than one who micturated through a fistula in the rectum, and that I had gathered such opinion from a conversation I had with that gentleman in consultation on a case. Mr. Hutchinson had no knowledge of the cases I brought before the Society, and could not, therefore, have expressed any opinion.

I remain, Sir, your obedient servant,

Portman-square, March 30th, 1872. W. F. TEEVAN.

*** We regret that our "lines," though few, have not "fallen in pleasant places"; but, as Mr. Teevan is positive that he spoke of inches, we willingly yield him as many as he chooses to claim. The name of Mr. Jonathan Hutchinson was mentioned in connexion with one of several classes of cases, quoted incidentally by Mr. Teevan in the course of the discussion, with the very proper and natural object of strengthening his position as to the "line of action" adopted.

THE "MEDICAL DECLARATION" CONCERNING ALCOHOL.

To the Editor of THE LANCET.

SIR,—With all respect to the leading members of the profession who have signed the "Medical Declaration" concerning the use of alcohol, it has occurred to me that, as regards young practitioners, this "Declaration" is calculated to deter them from using alcohol in proper doses in cases in which, in my opinion, it is urgently required. Under these circumstances, I send you the result of the use of alcohol in a very bad case of typhoid fever now under my care. A few days back I was called to see a tall, thin, delicate lad of fifteen years of age, suffering from typhoid fever, well marked: from inquiry, as well as I could make out, the disease had reached the tenth day. The treatment during that time had been occasional doses of aperient

medicine administered by the friends. The condition in which I saw the patient was one of great danger. I immediately, as far as diet was concerned, ordered milk, raw eggs, beef-tea, and brandy. This treatment has been continued ever since. He is now passing into convalescence, after taking twenty ounces of brandy every twenty-four hours since I saw him first. There is nothing new in this treatment, the majority of your readers will immediately declare. I admit it. But would every young practitioner brought in contact with such a case feel inclined to act as I have done, after the discussion which has recently taken place and the conflicting opinions which have been given? I maintain that I have been instrumental in saving this boy's life by the treatment I have adopted; and that unless I had used alcohol in the large doses I have done the benefit now resulting would not have occurred.

I have seen a great deal of typhoid fever in India, and I shall be borne out by Indian medical men when I say that a bottle of brandy in the twenty-four hours has very frequently been necessary to rouse the patient from the great prostration which exists in that disease there.

I do not write this to denounce the "Declaration," but to assist in showing the use of alcohol in proper medicinal doses in a certain disease.

I remain, Sir, your obedient servant,

Southsea, Hants, March 28th, 1872. THOMAS DIVER, M.D.

THE SCOTCH POOR-LAW AMENDMENT BILL.

To the Editor of THE LANCET.

SIR,—The Bill introduced into Parliament by Mr. Crawford to amend the Scottish Poor-law Act, though it provides for the appointment of medical officers to all parishes, and fixes their salaries in an equitable manner, yet makes no provision for the superannuation of aged and infirm medical officers. We expected this would have been conceded to us since it has been to medical officers both in England and Ireland, and especially after what had been said in favour of it in Parliament by such members who supported the English Medical Officers' Superannuation Bill.

I would desire to bring this matter under the attention of Scottish Poor-law medical officers, and to urge them to petition that no Bill be allowed to become law which does not provide for the superannuation of aged or infirm medical officers. This object may be attained by the insertion of the words "medical officer" after "inspector" in the Superannuation Clause 37 of Part VII. General Provisions of Mr. Crawford's Bill. And I would further urge them to use their influence with their respective members of Parliament to get them to support the prayer of their petitions. I am, Sir, your obedient servant,

A SCOTTISH POOR-LAW MEDICAL OFFICER.

March 28th, 1872.

PORTSMOUTH AND THE CONTAGIOUS DISEASES ACTS.

AT a meeting of the Portsea Island Society for the Culture of Science and Literature, on Tuesday evening, Mr. P. D. Hopgood, resident surgeon of the Portsmouth Lock Hospital, read a paper on "The Operation of the Contagious Diseases Acts," and showed, from careful statistics, that there had been a marked diminution in the number of brothels and prostitutes, and especially among the younger girls. A discussion followed, in which several medical gentlemen took part. Dr. Garrington, the surgeon of the Portsmouth gaol, contended that this subject could not be brought too prominently before the public, and that medical men should not hesitate to speak out boldly. He expressed his belief that it would be Quixotic to hope to extinguish prostitution, and stated that he was strongly in favour of the Acts in their present state, and that, in his opinion, Mr. Bruce's Bill would not be productive of the benefits anticipated. He added that he had been informed by the police-inspector carrying out the Acts in Portsmouth, that when the women on the register heard that an alteration in the law was likely to take place, they spontaneously got up a petition that the law might remain as it was, and forwarded it to Sir John Pakington for presentation. Dr. Cousins, F.R.C.S., called attention to the great decrease in juvenile prostitution which had resulted from the Act. In 1865, at Plymouth, there were 1770 prostitutes; of the above, 1249 were under the age of twenty-one, and 419 were under seventeen; but in 1870, there were only 553 prostitutes, and only one under seventeen. Dr. Miller, formerly physician at the Portsmouth Hospital, contended that if compulsory examination were struck out of the Act they might as well abrogate it altogether, for it would be a perfect dead letter. Mr. T. Cousins, clerk to the borough magistrates, stated that the latter had unanimously signed a petition in favour of the Act, and that the clerk to the Plymouth justices had applied for a copy of the petition, so that there was no doubt the magistrates of that borough would follow the example. A vote of thanks was accorded to Mr. Hopgood for his valuable statistics.

THE BAKER BROWN FUND.

THE following additional subscriptions have been received on behalf of the above fund.

Amount previously advertised ...	£77	14	6	Dr. Thorowgood ...	0	10	6
Mr. T. H. Hills ...	2	2	0	Mr. Oscar Clayton .	1	0	0
Dr. Russell Reynolds	2	2	0	A Subscriber	0	5	0
Mr. White Cooper...	1	1	0	Dr. George Bird	0	10	0
Dr. Druitt	1	0	0	Dr. Peter Hood	2	2	0
Dr. Priestley	2	2	0	Mr. Heather Bigg...	2	2	0
Dr. F. G. Reed ...	2	2	0	Dr. Fuller	2	2	0
Dr. Duckworth ...	1	0	0	Mr. Prescott Hewett	3	3	0
Mr. James Startin .	1	0	0	Mr. Cæsar Hawkins	2	2	0
Dr. James Anderson	1	0	0	Mr. Brodhurst ...	2	2	0
Dr. A. P. Stewart...	1	1	0	Dr. Hawksley ...	2	2	0
Mr. Spencer Wells .	2	2	0	Dr. J. W. Ogle ...	1	1	0
Dr. C. J. B. Williams	2	2	0	Mr. T. T. Griffith, Wrexham	2	2	0
Dr. W. J. Little ...	1	1	0	Dr. Andrew Clark...	2	2	0
Dr. Charles Hare ...	3	3	0	Mr. Christopher Heath	1	1	0
Dr. Alfred Meadows	2	2	0	R. Q.	1	1	0
Mr. Francis Mason	1	1	0	Mr. William Acton .	2	2	0
Mr. J. Churchill, sen.	3	3	0	Staff Surgeon-Major Crisp	2	2	0
Mr. J. Churchill, jun.	2	2	0	Dr. Joseph Seaton .	3	3	0
Dr. Robert Barnes .	2	2	0				
Mr. J. T. Clowes ...	2	2	0				
Dr. Edwrd. Johnson	1	1	0				

The honorary treasurers are Dr. Forbes Winslow and Dr. Charles Cogswell, to whom subscriptions may be sent.

Obituary.

DR. AUGUSTUS BOZZI GRANVILLE, F.R.S.

A VERSATILE and accomplished physician has just been lost to the profession in Dr. Augustus Bozzi Granville, who died at Dover on the 7th of March, in his ninetieth year. Dr. Granville was the third son of S. Carlo Bozzi, postmaster-general of the Lombardo-Venetian kingdom, in the capital of which he was born in 1783. His education was carried on first at Milan and then at Pavia, where he graduated as doctor of medicine. Shortly afterwards he set out on his travels, and, Ulysses-like, visited in succession the chief islands in the Tuscan and Ionian archipelagos, and made many observations, historical, artistic, and scientific. His next place of resort was Lisbon, where his opportunities of witnessing the British squadron induced him, in 1807, to become assistant-surgeon in that service, a position which he retained with much credit till 1813. Thereafter he removed to London with the intention of engaging in general practice, and with that object he took the diploma of the Royal College of Surgeons, and became a member of the Royal College of Physicians; while about the same time (1817) the Royal Society elected him a Fellow. Another step towards settling in London practice was to add, with the consent of the family and in legal form, his maternal surname of Granville to his own patronymic. The design of practising generally, however, he abandoned

in favour of the specialty of obstetrics and children's diseases. For this department he had high qualifications, in recognition of which he was elected Physician-Accoucheur to the Westminster General Dispensary, in Gerrard-street, Soho, a post which he filled with great acceptance and for many years, till, on his retirement, he was appointed consulting physician-accoucheur to the same institution. To the Metropolitan Hospital for Sick Children he also became attached as physician; while his private practice, favoured by the exceeding suavity of his address and the charm of his conversation, at once lively, interesting, and learned, gained from year to year in extent and quality. With all these claims upon his time, he was a prolific and attractive writer. His works, as enumerated in the Catalogue of the British Museum, fill many pages. Among them it may suffice to notice his "Reports on the Practice of Midwifery," "Graphic Illustrations of Abortion," "First Reports on the Supply of Pure Water and the Purification of the Thames and the Saving of Sewage for Manure," a work greatly in advance of its time (1836), and even now worthy of being consulted by all persons interested in, perhaps, the most pressing sanitary problem of the day. These reports were followed by "Egyptian Mummies," "Spas of Germany," "Counter-irritation," "Spas of England," "Kissingen," a watering-place which we believe he visited nearly every year, and did much to bring into popularity, till the well-known "Physician's Holiday" of Sir John Forbes brought other spas into fashionable notice. Less purely medical in their tenor were his "St. Petersburg; or, Travels to Russia"—a lively and picturesque work,—and his "History of the Royal Society in the Nineteenth Century;" while his interesting monograph on "Sumbul, a New Asiatic Remedy in Epilepsy"; his observations on "Sudden Death," and on the "New German Mineral Baths Cure"; his "Letter to Lord Palmerston in July, 1853, predicting the Sudden Death of the Emperor Nicholas"; his "Mineral Springs of Vichy"; and "The Great Land Question of the Day, or can Thames Sewage be converted into Gold?" a brochure which attests his continued interest in a subject on which he wrote effectively nearly thirty years before,—all bear witness to an activity of mind, a versatility of power, and a literary skill at no time too common in the profession. Like his countryman, Dr. Polidori, he was at once a physician and a man of letters, who, while holding a high position in medical circles, was much courted by the world of literature and art. After the publication of his last work, in 1865, he finally withdrew from practice; but his intellectual vivacity retained its spring to the last.

In medical journalism he is known for his contributions to THE LANCET and other periodicals, as also for his able editorship of the *London Medical and Physical Journal*.

Dr. Granville's reputation, solid as it is, would perhaps have been greater if he had not scattered his powers over too large an area. Among his substantial claims to the gratitude of the profession is the part he took in familiarising it with the use of hydrocyanic acid, particularly in pulmonary and cardiac affections. Besides being a swift and dexterous writer, he spoke his adopted language with an ease and elegance to which few Englishmen attain, while his urbanity of demeanour, his geniality of humour, his engaging address, enhanced by a graceful presence and an animated play of feature, secured him a favourable reception, not only in the consulting-room or by the bedside, but on every occasion where he joined in professional or promiscuous discussion. He leaves a son, the Rev. Augustus Kerr Bozzi Granville, M.A., Rector of Ratherton, North Devon.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the primary examination in Anatomy and Physiology at meetings of the Court of Examiners on Tuesday and Wednesday last:—

W. Wallace, Manchester; B. H. Foster, A. Sangster, D. H. Forty, H. A. Cookson, C. Duran, R. F. Tomlin, M. Reid, H. Evans, C. L. Jones, and J. Rendall, Guy's Hospital; W. Murrell, T. C. W. Mounster, and G. Garlick, University College; A. P. Davis, T. H. Sautell, C. S. W. Cobbold, J. W. Groves, and S. J. J. Weakley, St Bartholomew's Hospital; E. J. Spitta, C. T. Macauley, and W. A. Frost, St. George's Hospital; E. Scott, J. B. Pike, and C. M. Taylor, St. Thomas's Hospital; G. E. Williamson, and W. Lang, London Hospital; E. Barchell, W. B. Richardson, and H. Tordoff, Leeds; E. Brayn, King's College; E. J. Burgess, W. H. Twort, F. W. Reid, J. C. Verco, H. O. Lucas, G. Andrew, T. B. Scott, and A. F. Stevens, St. Bartholomew's Hospital; S. Bingham, A. Gray, W. H. Harsant, G. W. Bond, J. F. Fry, J. C. Perrier, T. S. Morley, and W. E. Paley, Guy's Hospital; F. E. Atkinson, and A. W. M. Robson, Leeds; D. D. Stewart; G. G. S. Taylor, D. T. Evans, T. L. Roberts, and R. N. J. Pughe, Liverpool; T. C. McConkey, and A. C. Perrin, St. Thomas's Hospital; J. J. Hartley, University College; C. A. Mercier, London Hospital; J. B. Talbot, Birmingham; S. J. J. Kirby, Middlesex Hospital.

At the extraordinary meeting of the Council on March 26th, the President reported that communications had been received from the Home Office and from Marlborough House, conveying the gracious acknowledgments of Her Majesty and of Her Royal Highness the Princess of Wales, of the addresses from this Council, congratulating them on the recovery of His Royal Highness the Prince of Wales. A committee was elected to consider and report to the Council upon the conditions on which members of twenty years' standing should be elected to the Fellowship under Section 5 of the Charter, 1852. A committee was also elected to consider and report to the Council on any alterations required in the Bye-laws and Standing Rules.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on March 28th:—

Bosson, George, Barnstable, Devon.
Davies, George Augustus, Newport, Monmouthshire.
Grogono, Walter Atkins, Stratford, Essex.
Harvey, William, Gloucester-street, Victoria-park.
Jones, Thomas, Derlwyn, Carmarthen.
M'Donegh, Augustus William, Clapham.
Smith, William Robert, Huddersfield.
Spencer, Edward Richard, Keyston, Hunts.
Wardale, Joseph Augustus Wm., Newport, I.W.

As Assistant in Compounding and Dispensing Medicines:—

Blott, Herbert, Alexandra-road, Kilburn.

On the same day the following gentlemen passed their First Professional Examination:—

Fenton, George Frederick, King's College.
Smith, Frank John Shersby, Guy's Hospital.

NEW ZEALAND has now got a fasting girl; Maungatu being the name of the favoured village where the interesting patient "receives" daily.

RADCLIFFE STUDENTSHIPS have been awarded to Mr. Carey, of Guy's Hospital, and Mr. Keetley, of St. Bartholomew's.

THE annual meeting of the supporters of the Poplar Hospital for accidents was held last week, when the report showed that during the past year 2512 out-patients and 262 in-patients were treated at the hospital; the number of deaths being fourteen. We regret to say that the financial position of this deserving institution is not by any means satisfactory.

PROFESSOR PEPPER ON SPIRITUALISM.—Our readers will have seen it announced that Professor Pepper has terminated his long connexion with the Polytechnic Institution, and has commenced a popular scientific entertainment at the Egyptian Hall. The first part of the entertainment is devoted to experiments illustrative of the nature and properties of light; and these experiments, which are mostly of great beauty and attractiveness, are very clearly and carefully explained. After them, a lecture is given on some of the phenomena of "spiritualism"; the professor asserting that he and Mr. Tobin are prepared to do, by various contrivances, all that is done by mediums, and promising, after the lapse of a few months, to explain publicly how the tricks are effected. Spirit-rapping and spirit "scratching" are both admirably managed; and a floating luminous hand, and a violin suspended in air, are also cleverly exhibited. It is announced that Mr. Tobin will himself "float" in a few days; but that the arrangements for this performance are not fully completed. Professor Pepper guards himself against imputing fraud to all mediums, and expresses a belief that there may be some phenomena not yet explained. He wishes, however, to be permitted to investigate them all under circumstances that would render fraud impossible; and it needs no conjurer to predict that no such permission is likely to be granted. In the meanwhile he furnishes a very attractive entertainment, and we cordially advise all lovers of the marvellous to go and witness it, and to exercise their ingenuity in trying to find out how the "raps" are produced.

A COTTAGE HOSPITAL for four beds was opened at East Rudham, Norfolk, on Feb. 27th last, in commemoration of the recovery of H.R.H. the Prince of Wales.

DONATIONS ETC. TO MEDICAL CHARITIES. — Mrs. Mary Baker, of Millbrook, bequeathed £2000 to the Royal South Hants Infirmary, Southampton. The Royal Infirmary, Bristol, has received £5000 under the will of the widow of Mr. Robert Phippen, in accordance with the intentions of the latter. The Chester Infirmary has received £700 from the family of the late Mr. Henry Polls, in memory of their father and mother. Mrs. Mary Ann Robertson, bequeathed £302 to the Royal Infirmary, Aberdeen. The Northampton General Infirmary has received £300 under the will of Mrs. Sarah Forbes. Miss Mary Anne Lowry, bequeathed £200 to the Carlisle Dispensary, and £100 to the Carlisle House of Recovery. Mrs. Barr, of Mount Pleasant, has given £250 to the Leeds Public Dispensary. The Queen's Hospital, Birmingham, has become entitled to £200 under the will of Mr. George Nicholls Smith.

Medical Appointments.

ARMSTRONG, H. E., M.R.C.S.E., has been appointed Lecturer on Botany and Vegetable Physiology at the University of Durham College of Medicine, Newcastle-upon-Tyne.

BARRY, M. J., L.K.Q.C.P.I., L.M., L.R.C.S.I., has been elected Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Littleton Dispensary District of the Thurles Union, Co. Tipperary, vice J. A. Walsh, L.R.C.S.Ed., L.M., deceased.

BERRY, O. W., M.R.C.S.E., has been appointed Medical Officer for the Upper Wimbledon District of the Kingston Union, Surrey.

BORRHAM, W. T., L.R.C.P., M.R.C.S., has been appointed Medical Officer to the Abbotsbury District of the Weymouth Union, vice T. Parker, M.D., resigned.

EDMONDS, S., M.R.C.S.E., has been appointed Medical Officer for the Clifton District of the Tamworth Union, vice T. H. Cresswell, M.R.C.S.E., resigned.

FRASER, J., M.B., C.M., has been appointed Assistant-Physician to the Fife and Kinross Asylum, near Cupar.

HILL, J. H., L.R.C.P.Ed., has been appointed sole Medical Officer to the St. Pancras Workhouse and Infirmary, King's-road.

JACK, C., M.D., has been appointed Medical Officer to the Leeds Reformatory at Adel, and to the Headingley and Burley District of the Leeds Union; also to several Clubs, vice J. W. Webb, M.R.C.S., deceased.

JOHNSON, E., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Lower Wimbledon District of the Kingston Union, Surrey.

KAY, T. V., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the Alton Collieries, near Chesterfield, vice F. G. Denton, L.S.A.L., deceased.

LOCK, J. G., M.A., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer of Health for Tenby.

M'CLEAN, Dr. E., has been appointed Medical Officer to the South Hants Infirmary, Eling, vice J. Wiltshire, M.R.C.S.E., deceased.

MICKLE, W. J., M.D., M.R.C.S.E., has been appointed Medical Superintendent of the Grove Hall Asylum, Bow.

MUNRO, F., M.B., C.M., has been appointed Medical Officer for the Norton District of the Stockton Union, vice W. H. Oliver, L.R.C.P.Ed.

PAULSON, W., L.R.C.P.I., has been appointed Medical Officer for the Rothley District and the Workhouse of the Barrow-upon-Soar Union, Leicestershire, vice S. Wright, M.R.C.S.E., resigned.

PHILIPSON, G. H., M.A., M.D., M.R.C.P.I., has been appointed Lecturer on the Principles and Practice of Medicine at the University of Durham College of Medicine, Newcastle-upon-Tyne, vice D. Embleton, M.D., F.R.C.P.L., resigned.

PURCELL, F. A., M.D., M.R.C.S.E., has been appointed a Medical Officer in Ordinary to the St. Marylebone Provident Dispensary, vice H. N. Hardy, L.R.C.P.Ed., M.R.C.S.E., resigned.

RICHARDSON, W., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Messingham District of the Glanford Brigg Union, vice R. B. Low, M.D., resigned.

SARJANT, J., M.D., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer to the Millwall Iron Works and the Millwall Docks.

SAUNDERSON, R., jun., M.D., L.R.C.S., has been appointed Medical Attendant to the Royal Irish Constabulary for Pettigo and Clonelly.

SMITH, R., M.B., C.M., has been appointed House-Surgeon to the Northern Infirmary, Inverness.

STONE, W. D., M.D., F.R.C.S., has been appointed Surgeon to the St. Marylebone General Dispensary.

WORSLEY, J. H., L.R.C.P.Ed., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Heap District of the Bury Union, Lancashire, vice W. Nuttall, M.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

BRICE.—On the 29th ult., at Stanley Lodge, Southsea, the wife of F. A. Brice, L.K.Q.C.P.I., Surgeon H.M.'s Ship "Pylades," of a daughter.

GAIRDNER.—On the 29th ult., at St. Vincent-street, Glasgow, the wife of Professor Gairdner, M.D., of a daughter.

HUMFREY.—On the 25th ult., at Templemore, Ireland, the wife of Surgeon Humfrey, 98th Regiment, of a son.

KERR.—On the 3rd inst., at Markyate-street, Bedfordshire, the wife of Norman S. Kerr, M.D., of a son.

LONGHURST.—On the 1st inst., at The Vicarage, Dunton Bassett, the wife of A. E. T. Longhurst, 60th Royal Rifles, of a son.

OGSTON.—On the 1st inst., at Aberdeen, the wife of Alex. Ogston, M.D., of a son.

MARRIAGES.

LATCHFORD—JONES.—On the 21st of Feb., at Shafchanpore, John Latchford, M.B., of the Royal Scots Regiment, to Emma Adelaide, widow of G. W. Jones, Esq.

RENWICK—SMITH.—On the 4th of Jan., at the Presbyterian Church, Nelson, New Zealand, the Hon. T. Renwick, M.D., to Annie, daughter of John Smith, Esq., of Aberdeen.

DEATHS.

AGNEW.—On the 19th ult., at Sandhead, Dr. Agnew, aged 94.

CASHMAN.—On the 18th ult., at Mitcham, Surrey, Edmond Patrick Ronayne, only child of Dr. Cashman, 18th Royal Irish Regiment, in his 15th year.

EASTES.—On the 3rd inst., at Folkestone, Frank, the elder son of George and Fanny Eastes, of Albion-place, Hyde-park-square, London, aged 2 years and 4 months.

HAMMOND.—On the 27th ult., at Penge, after a protracted illness, Arthur Hammond, Esq., aged 63.

HENDERSON.—On the 1st inst., at Ainslie-place, Edinburgh, W. Henderson, M.D., late Professor of General Pathology in the University of Edinburgh, aged 62.

KNOTT.—On the 28th ult., at Thame, Oxon, W. P. Knott, M.R.C.S.E., of Bagbrooke, Northamptonshire, aged 30.

Notes, Short Comments, and Answers to Correspondents.

EFFECT OF SEWING-MACHINES ON HEALTH.

THE Third Annual Report of the Massachusetts State Board of Health contains an elaborate report on Sewing-machines, by Dr. Arthur H. Nichols. The author says that, due allowance being made for exaggeration, experience in that State seems to justify the following conclusions:—That the sewing-machine may be used by a healthy woman of average strength for three or four hours daily (a length of time sufficient for the work of an ordinary family), without causing excessive fatigue or any appreciable ill effects. That the illnesses which most frequently prevail among professional operatives making use of the treadle are—indigestion, attributable to the unhealthy conditions under which they pursue their occupations, particularly the impure atmosphere of the work-rooms, the sedentary employment, and want of open-air exercise; muscular pains affecting the lower limbs and trunk, produced by the long-continued and frequent use of the same muscles; diseases peculiar to women, aggravated rather than caused by the plethoric condition of the pelvic organs, induced by this exercise; and a state of physical deterioration and nervous prostration, brought on by overwork. That other ill-effects, such as neuralgia of the feet from contact with the iron treadle, affections of the spine, as well as the nervous effects described by M. Guibout, are worthy of mention only from their extremely rare occurrence. The unhealthy tendencies of this occupation may be greatly diminished by the substitution, if practicable, of some other motive power than that of the feet, or the adoption of one of the improved treadles. It is, moreover, of very great importance that, in those establishments where large numbers are congregated, attention should be directed to the proper ventilation of the work-rooms.

J. S. T. A. — The "register" alluded to is to be found in our advertising columns.

THE JUSTICE OF GUARDIANS.

To the Editor of THE LANCET.

SIR,—I am one of those unfortunate medical officers who, for no reason whatever, have gained the ill-feeling of some of the members of the Board of Guardians. They lately sought to turn me out of office by passing a resolution that I had been guilty of "gross neglect of duty"; but at the "inquiry" held by the Poor-law inspector this charge entirely broke down. This has so exasperated the guardians that they are now trying, if possible, to curtail my district (which is now only a small one), and take off part of my salary. What I am desirous to know is this: If the guardians obtain the sanction of the Local Government Board to curtail my district, have they the power to curtail the salary as well? If you can reply to this question I shall esteem it a kindness. Yours truly,

March 18th, 1872. A PARISH DOCTOR.

*** The whole question is in the hands of the Local Government Board, who may sanction alterations both of district and salary.—ED. L.

C.M.—The appointments in the Peninsular and Oriental and West Indian Mail Packet Services are permanent, and therefore would not meet our correspondent's requirements. We do not know of any better plan than for him to make his wishes known to some respectable firm of medical agents.

Anon.—It is quite contrary to our custom to nominate anyone. Our correspondent must be guided in the matter by the advice of her usual medical adviser or of some professional friend.

Mr. M'Callum.—Published on the 10th of February.

A. B.—The degrees mentioned—namely, the M.B. and C.M. of the Scotch Universities—are legal qualifications under the Poor Law.

Dr. E. J. Lee's paper shall appear, if possible, next week.

THE CENSUS OF BOMBAY.

THE last quarterly Report of Dr. Hewlett, the medical officer of health for the Municipality of Bombay, shows that the registered deaths in that city during the last quarter of 1871 numbered 3914 (exclusive of 206 still-born), which, on the assumption that the city population was the same as at the census in 1864—namely, 816,562, gave an annual death-rate of 19·2 per 1000. It now turns out that a suspicion we had when noticing the very low death-rate of Bombay as given in the Registrar-General's Weekly Returns in comparison with the rate of English cities, as to the correctness of one of the factors in the calculation, has been well founded. For, according to a rough summary of the returns of the census which has recently been taken, the population of the city of Bombay shows a decrease since 1864 of about 130,000 persons, the effect of which will be to raise the death-rates, as hitherto quoted, between 4 and 5 per 1000. This is another proof of the necessity for more frequent enumeration of city populations whose fluctuations cannot safely be measured by mere estimate.

Mr. T. S. Hutchinson was right in declining to do such duties for any less fee than a guinea. We are sorry that another medical man was found willing to do them for half a guinea. That was not our correspondent's fault. We think that any medical man who properly considers the nature of the services will decline to do them for less than a guinea.

Dr. Carter will find the announcement in the number for March 16th.

L. F. P. S.—We know nothing of such a pamphlet as our correspondent describes.

MILITIA SURGEONS.

To the Editor of THE LANCET.

SIR,—In your journal of the 23rd ultimo, I find a letter from "A Militia Surgeon of Twenty Years' Standing," and fully agree with its contents as to the great injustice intended by Mr. Cardwell to militia surgeons. It is quite true that many surgeons of militia have performed their duties for years with very great disadvantage to their private practice, not only in "absence from home in the inspection of recruits," but in having suffered still more seriously, as I can testify, during a long embodiment in the years 1854, 1855, and 1856, and again during the Indian mutiny in 1857 and 1858, and a compulsory departure from home to the Mediterranean, Ireland, and various places in Great Britain at a time when the War Office was hardly pressed for medical aid, and, of course, entailing most serious loss of private practice. I cannot but think that when the above facts are properly stated, the Secretary of State for War will no longer withhold justice from a class of men who, with due deference, I think are entitled to the favourable consideration of the Government, either by permanent appointments as surgeons to the central depôts, or by compensation in some other way. In your excellent article of the same date (23rd) you state that militia surgeons were not to attend the permanent staff or the preliminary recruit drill of two months; but I understand from Mr. Cardwell's reply to Mr. Wheelhouse that the surgeons were *not* to inspect recruits. I think the answer respecting the attendance on the staff and the preliminary drill of recruits was not definite; but should Mr. Cardwell's reply to Sir E. Lacon be unsatisfactory, I shall request a member to put the question distinctly upon those two points.

Yours obediently,
A MILITIA SURGEON OF MORE THAN TWENTY YEARS' STANDING.

March 30th, 1872.

To the Editor of THE LANCET.

SIR,—Gross injustice is threatening militia surgeons, and we must immediately combine to avert it. During several years as assistant-surgeon my pay, minus stoppages, did not meet the cost of my outfit. It is now, after only a three-years' surgeoncy, I find that I am to be docked of my allowances for medical attendance on the staff between trainings, the examination of recruits (for I live in what is more than likely to be a central depôt), and payments which I have hitherto had during the preliminary drill of recruits. All these injustices are to be augmented by the requirement that I shall follow my regiment when brigaded with others at a distance. I must have a highly qualified *locum tenens*, and, however good he may be, I must lose by my absence. During the annual trainings I have been compelled to sacrifice much paying work, to avoid lucrative midwifery engagements, and suffer many other losses which I will not detail. We, militia surgeons, "one and all" (this will sufficiently indicate the county I hail from), must join to aid Sir Edward Lacon in his efforts to obtain us justice.

I am, Sir, yours, &c.,
A MILITIA SURGEON.

March, 1872.

SUTTON PARK.

THE question of Sutton Park, to which reference was made a few weeks ago, is to be brought before the notice of the House of Commons on the 9th inst. by Mr. Dixon, M.P. for Birmingham, and Mr. Newdegate, M.P. for North Warwickshire.

H. S.—The fee in question (by the way, a very small one for such duties), if not specially provided for in the contract, could scarcely be claimed by M——. It is something distinct from the practice, and, according to the evidence, not transferable.

Eucalyptus Globulus.—The information shall be furnished next week.

A HARD CASE.

To the Editor of THE LANCET.

SIR,—May I ask you to place the following hard case before the profession:—

I have just succeeded to a practice where I have three opponents. One of these has been here upwards of two years, carrying on a large practice of good class, and yet within the last few days I find he is not only not registered, but that he possesses *no qualification whatever*. This individual styles himself "Surgeon" on his door-plate, holds two public appointments, and signs himself "M.R.C.S." on death certificates. I have applied to the Registrar of the Medical Council for advice, and his reply is to the effect that the Council can take no steps in the matter. Why do we pay a registration fee, and what is the use of the Act?

I am, Sir, yours faithfully,
A HARD WORKER OF EIGHTEEN YEARS' STANDING.

March 26th, 1872.

BAKERS' CHIMNEYS.

IT is perfectly monstrous that any attempt should be made to relieve bakers of the responsibility of consuming their smoke. That it is as possible to bake bread as to raise steam without smoke is perfectly well known; and if landlords let their houses as bakeries, they should be compelled to adopt the necessary apparatus for preventing a nuisance. The Public Health Bill very wisely increases the penalty in other cases, and Mr. W. H. Smith and Mr. Locke ought to be ashamed of attempting to bolster up a nuisance which goes far to neutralise the effect of the open spaces of which they have been such strenuous advocates.

J. T. P.—A guinea a visit would not be an immoderate charge. But three visits for two guineas, multiplied so frequently as indicated by the nature of the cases mentioned, might amount to a sum that would appear large enough for the means of the patient, which must ultimately decide such questions. Three guineas for setting the fractured femur.

W. W.—We think our correspondent's reasoning very sound, and his practice correspondingly good. It is approved by the best authorities. Pregnant women go through revaccination very well, and through small-pox with great danger and difficulty.

Cedric.—At Giessen and several of the German universities.

OPERATION FOR ELEPHANTIASIS OF THE SCROTUM.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Jan. 6th I notice a communication from Surgeon W. H. Corbett, M.D., from the first paragraph of which I infer that he considers the mode of operation in elephantiasis of the scrotum as performed by Dr. Harris of Montserrat (reported by him in your number for Oct. 14th, 1871) to be the ordinary method followed by medical men in the West Indies. To this I beg to express a most emphatic disclaimer, and can assure you that Dr. Harris's summary mode of procedure in regard to the genital organs in his case has "astonished the natives" as much as it may have astonished our medical brethren either in India or any other part of the world. Dr. Harris had been but a few months out from Europe in July last, and can scarcely be considered as an exponent of West Indian practice, much less of the best way of performing an operation so truly tropical.

The usual mode of operation here is similar in the essential points to that described by Dr. Corbett of India—differing, however, in some of the details. Two small lateral flaps are preserved to cover the testicles, elephantiasis tissue rarely developing itself anew, and being fearlessly cut through in amputation of the lower limbs, with the certainty of its gradually shrinking, as I have observed. The genitals are never removed.

I remain, Sir, yours most respectfully,
W. MUNRO, M.D., C.M.,
Medical Officer District No. 1.

St. Kitts, West Indies,
Feb. 26th, 1872.

Mr. J. Hopkins Walters (Faringdon).—The best hand-instrument for the purpose is one contrived by Mr. Greenway of Plymouth, and manufactured by MAW and Co. The best fixed instrument is that of Mr. Brudenell Carter, manufactured by Weiss or Hawksley.

Alpha is advised to apply to any hospital surgeon, who will indicate the means to be employed for the removal of the deformity.

Dr. Bratt.—Declined with thanks.

A Surgeon R.N.—Nicholson's "Text-book of Zoology," published by Blackwood and Sons.

EUCALYPTUS GLOBULUS.

To the Editor of THE LANCET.

SIR,—Could any of your correspondents inform me which is the best way of prescribing the "eucalyptus globulus"? I should be much obliged by receiving any suggestions on its use, either in the columns of THE LANCET or by letter.

I am, Sir, yours, &c.,
ALEX. D. H. LEADMAN.

Boroughbridge, Yorks, March 30th, 1872.

An Army Surgeon should endeavour to place the information at the disposal of some M.P. of his acquaintance—taking care, of course, that it is reliable and will bear investigation. Everything is to be gained by a temperate statement of facts. No doubt an earlier retirement would greatly facilitate promotion; and we see no hardship in making the inspectorial grades retire at fifty-five or sixty, or, what seems to us preferable, at the end of five years' service in the grade, if unpromoted. This would be in accordance with the principle running through Mr. Cardwell's scheme of army reorganisation.

L.L.D. is correct in his statement. In a large proportion of cases small-pox occurs but once in a lifetime. There are, however, many exceptions. Louis XV. is said to have died of a second attack.

Pileatus.—What does our correspondent refer to?

REMOVAL OF TATTOO MARKS.

To the Editor of THE LANCET.

SIR,—In answer to the query of "Tattoo" in THE LANCET of March 30th, I would suggest that the *pen and ink mark* be removed by the knife, and, in so doing, that care be taken to make the incision long and as narrow as possible, and that it be brought together by very fine silver wire, or, even better, horsehair sutures, or a couple of Pollock's buttons. The small cicatrix resulting, if noticeable at all, will be much less unsightly than the black ink mark. Some little time since I removed several very similar marks from a lad's face, only they were caused by "rock" gunpowder exploding. Of course one takes advantage of the way the folds of the skin run, and makes the incisions in the long direction. Pure carbolic acid will, I find, destroy brown marks. On the face, and where the skin is thin, I have of late used the acid in this way very freely, and with capital results. It will not, of course, go deep enough for tattoo marks of ink, gunpowder, &c., where entire removal by the knife is the only remedy.

I am, Sir yours faithfully,
JAMES NICHOLLS, F.R.C.S. (Exam.)

Chelmsford, March 30th, 1872.

SUNSTROKE IN AUSTRALIA.

CONSIDERING the very bad weather we had in this country at the time of the late boat-race, it is strange to read of what is taking place in a climate like that of South Australia for example, where of course it is not the winter season. The temperature has been unusually high there since the commencement of the present year, and cases of sunstroke have consequently been frequent and fatal. In February the thermometer is said to have been 156 degrees in the sun at Adelaide; and the *South Australian Advertiser* that has reached us contains an article *apropos* of the prevalence of sunstroke, in which it recommends its readers to discard what is vulgarly known as the "bellitopper"—often a black one, by the way, and very absorbent of the heat-rays of the sun,—and to take to a "puggaree" and the head-dress adopted in eastern nations.

A Naval Staff-Surgeon will have perceived that his second communication arrived too late for us to take the necessary action in the matter; but we do not consider it of much consequence.

Dr. Aveling's paper shall be commenced very shortly.

APPLICATION OF THE DIAPASON TO CLINICAL AUSCULTATION.

To the Editor of THE LANCET.

SIR,—A letter from Mr. O'Donovan in your impression of March 23rd has accidentally fallen under my notice. Would you kindly allow me to inform him that, several years before I had the pleasure of meeting him in the West Indies, a paper of mine appeared in one of the medical journals—indeed, I believe it was in THE LANCET—on the subject; and that Dr. Walshe, always open to new and useful suggestions, has for some time been in correspondence with me about it.

I have a paper in the last volume of the St. Thomas's Hospital Reports applying the same method to ægophony, to which I beg to refer Mr. O'Donovan. He will find that the Æolian pitchpipe he names is the very instrument I make use of.

I was not aware of Dr. Griffith's article, or I should have replied to his courteous challenge.

It is not my habit to struggle with anyone for matters of priority; but as Mr. O'Donovan's letter, accidentally no doubt, reads as though I had learned the idea in conversation with him at St. Lucia, I hope you will do me the justice of allowing me to refer to Dr. Walshe himself, to the officers of the Brompton Hospital (especially Mr. Vertue Edwards), and to your own columns.

Yours faithfully,

March 27th, 1872. W. H. STONE.

A Clinical Student.—The pamphlet to which our correspondent alludes is a reprint of a suggestive paper by Dr. McElroy from the *Medical World*, and it contains a table which fixes tentatively the value in numbers of variations of temperature in the human body above and below the physiological line or standard; the numbers, according to the author, indicating relatively increasing and decreasing velocities of chemical changes, whose unit is simply motion in molecular forms of structure, the points at which they are lost, and the relative danger to life between these extremes. Our correspondent must refer to the paper itself, entitled "The Clinical Thermometer," for the scale and table.

D. M. R.—The conditions of the appointment of dispensary medical officer in Ireland are as follows:—1. He shall be duly qualified to practise as a medical man. 2. He must be twenty-three years of age. 3. He is required to answer a series of questions before the approval of the Irish Poor-law Commissioners is given to the appointment; this approval is all that is required.

SHROPSHIRE EYE AND EAR HOSPITAL.

WE have received several additional letters on the above subject, but are compelled to defer notice of them until next week.

TREATMENT OF SMALL-POX.

To the Editor of THE LANCET.

SIR,—I was greatly pleased with the letter of Dr. Carnley in your issue of March 23rd on the Local Treatment of Small-pox. Everyone knows that the cutaneous affection of small-pox caused by the escaping poison actively multiplying itself and setting up inflammation in the skin, putting in abeyance the cutaneous functions, constitutes the essential danger of the disease; and that treatment is to be adopted which best maintains or soonest restores those functions, and prevents or cuts short the development of the cutaneous symptoms. If the liq. calc. sulph. or any other remedy, applied according to Dr. Carnley's method, fulfils these indications, it will become a very important remedy in the treatment of small-pox, and I congratulate him on its introduction. May I suggest that in further trials of it the application may be withheld from some part of the eruption, which may be carefully noted in the progress of the disease, and compared with the other parts submitted to the action of the remedy. By this simple course I think a good estimate of the value of the treatment might be formed from a very few cases.

I am, Sir, yours, &c.,

Wellow, Bath, March 23rd, 1872. THOS. M'CLURE.

Mr. Robert Torrance.—The fees for medical evidence are very inadequate. A medical man is entitled to one guinea for every day he attends in a criminal court. The fee for evidence at petty sessions varies from one to two guineas, according to order of magistrates. The legal fee for attendance before a magistrate is 10s. 6d.; for every day from date of subpœna, inclusive to the trial of case at sessions, one guinea, in addition to travelling expenses.

THE communications of *Dr. Dowse*, *Dr. Anderson*, and *Dr. Allbutt* shall receive attention.

A Married Man.—We have made inquiries in the matter, and are told that the articles in question were exhibited simply as works of art.

Mr. Alfred M. Thomson.—Yes; it is published by Macmillan and Co.; its scientific matter is very good.

Dr. Balbirnie is thanked for his communication.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Rutherford; Dr. R. J. Lee; Mr. Teevan; Mr. T. Bryant; Mr. T. Alexander; Mr. Cordy Burrows, Brighton; Mr. T. Ward; Mr. Smith; Dr. Hill; Dr. Casson, Hull; Mr. Wilson; Mr. Porter, Greenford; Mr. Hulke; Dr. W. H. Stone; Mr. Moore; Mr. Jones, Towyn; Dr. Craig, Scarborough; Dr. Campbell, Liverpool; Mr. G. Morton; Dr. Myles, Limerick; Dr. Jardine, Waterbeck; Dr. Thompson, Leamington; Mr. Teniel; Dr. Mirfield, Charleston, U.S.; Mr. J. G. Lock, Tenby; Mr. Dale, Scarborough; Mr. J. Clarke, Lynton; Dr. Stevenson; Mr. Eaton; Mr. Irving, Long Bennington; Dr. McClure, Wellow; Mr. Barron; Dr. Patch, Manchester; Mr. Grote; Mr. J. R. Legh, Shrewsbury; Mr. T. Copestake; Dr. Fraser, Cupar; Mr. G. S. Watson, Thaxted; Mr. Blane, Nottingham; Mr. Skinner, Sheffield; Mr. Maclean, Portland; Dr. Jack, Headingley; Mr. Wiltshire, Sheffield; Mr. J. F. Peirce, Brynmawr; Mr. G. B. Waters, Colchester; Mr. B. J. Lee, Hartington; Dr. R. Battey, Rome, Georgia; Mr. Brown; Mr. F. Enser, Port Elizabeth; Mr. Paternoster; Mr. V. Whitaker, Philadelphia; Mr. Tilly; Mr. Charles; Mr. C. Morton; Mr. Owen, Bala; Dr. Munro, Radstock; Mr. J. W. Rickett, Liverpool; Mr. J. Wyer, Dublin; Mr. G. Eastes, Folkestone; Mr. Dengle; Dr. Allbutt, Leeds; Mr. Herbert; Mr. Hampton; Mr. J. Lawrence, Darlington; Dr. Philipson; Mr. Holmes, Leeds; Mr. Leeming, Halifax; Mr. A. Forbes, Glasgow; Dr. Aveling; Mr. C. Grellet, Hitchin; Mr. R. Cranfield; Mr. B. Perkins, Odiham; Mr. Kay; Mr. Webber; Mr. Leonard; Dr. Kerr, Dunstable; Mr. E. Cross, Edinburgh; Mr. Holcombe; Dr. A. W. Thomson, Lewisham; Mr. Tomlinson, Maldon; Cedric; A Suburban Practitioner; L. F. P. S.; &c. &c.

Lowestoft Mercury, Journal of Mental Science, East London Observer, South London Journal, Food, Water, and Air, No. 6, Bournemouth Directory, Norwich Mercury, Hampshire Telegraph, and *St. Louis Medical Archives* have been received.

Medical Diary of the Week.

Monday, April 8.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Teevan, "On Two Cases of Retention of Urine from Calculus."—Dr. Sedgwick, "On the Alkaline Waters of Tarasp."

Tuesday, April 9.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Guy: "Statistics and Social Sciences."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Moxon and Mr. Durham, "On a Case of Abdominal Aneurism cured by Compression of the Aorta."—Mr. T. Bryant, "On a Case of Abdominal Aneurism treated by Distal Pressure."

Wednesday, April 10.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M
GREAT NORTHERN HOSPITAL.—3 P.M. Mr. Adams will perform Subcutaneous Section of Neck of Femur."
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
HUNTERIAN SOCIETY.—7 P.M. Council.—8 P.M. Dr. Barnes, "On the Causes of Death in Ovarian Cystic Disease and in Uterine Cancer."
EPIDEMIOLOGICAL SOCIETY.—8 P.M.

Thursday, April 11.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Tyndall, "On Heat and Light."

Friday, April 12.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Mr. Gant, "On a Case of Spontaneous Gangrene of both Feet from Disease of the Heart; Amputations, Recovery, &c."—Dr. Broadbent, "On a Case of Paralysis due to Tumours in Pons and Medulla Oblongata."—Dr. Anstie, "On a Case of Lepra Anæsthetica."
ROYAL INSTITUTION.—9 P.M. Mr. John Morley: Rousseau's Influence on European Thought."

Saturday, April 13.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. R. A. Proctor, "On the Star-Depths."